



# C&D

## CHEMIST AND DRUGGIST

Volume 190

DECEMBER 7, 1968

No. 4634

## Quinine to be in Part I

### POISONS BOARD RECOMMENDATIONS

THE Home Secretary has accepted a recommendation by the Poisons Board to include quinine in Part I of the Poisons List.

He has also accepted recommendations that entries should be made in Group II of Schedule 3 to the Poisons Rules making exemptions for preparations containing not more than 1 per cent. of quinine or its salts; for quinine or its salts when contained in soft drinks, wine or tonic wine; and preparations containing not more than 15 per cent. of quinine or its salts for use in the manufacture of soft drinks, wine, tonic wine or confectionery. A final recommendation accepted is that quinine and its salts, except in preparations containing less than 10 per cent. of quinine or its salts, should be included in Part B of Schedule 4 to the Poisons Rules.

The Minister has decided, however, that the recommendation shall not be implemented before March 1, 1969, as to allow time for existing stocks to be disposed of and amended packaging to be prepared. The Home Office points out that the decision supersedes earlier recommendations.

## Influenza Vaccine

### PRIORITY FOR PRESCRIPTIONS

DOCTORS have been warned that it may not be possible at first to meet the requirements of all general medical practitioners who prescribe influenza vaccine designed to protect against the Hong Kong variant. The warning is included in a letter to doctors from the Chief Medical Officer, Department of Health and Social Security, who points out that manufacturers have been asked by the department to ensure that, as vaccine is produced, preference shall be given to supplies for wholesalers from whom most chemists obtain their material, as well as for hospitals and local authorities. Wholesalers have also been asked to give preference to orders from chemists, so as to enable them to meet prescriptions. The Chief Medical Officer points out that vaccines now being imported from Australia include a polyvalent vaccine with the Hong Kong variant of influenza virus A2 and a monovalent vaccine prepared from that variant alone. Till now two doses (given at an interval of one month) have been recommended in Australia. As the vaccines were being

imported in bulk, some weeks would elapse before testing and filling into the final containers could be completed.

## Control of Amphetamines

### D.D.A.-TYPE RECORDS URGED

VOLUNTARY measures to restrict the availability of amphetamines and amphetamine-like compounds, or preparations containing them, are proposed by a working party of the British Medical Association. Manufacturers, pharmacists, nurses and doctors should, it is suggested, take the same precautions, and keep the same records, as they already do for drugs covered by Part I of the Schedule to the Dangerous Drugs Act, 1965. Another recommendation is that manufacturers should be encouraged to produce amphetamine compounds intended for oral use in a form from which the active ingredient could not easily be extracted for intravenous use. If the voluntary measures did not succeed, the working party concludes that "restrictive legislation seems inevitable." It would need to give

powers to the General Medical Council to control "unethical prescribing of drugs for dependent persons." Such legislation would, however, need to take account of patients for whom the preparations appeared to be the drug of choice, those not responding to or unable to take alternative preparations, and those who misused the drug but who would, if denied further supplies, seek illegal supplies or experiment with preparations not covered by the regulations. The working party considers that drugs such as amphetamines, methylphenidate, pipradol and pemoline have no place in the treatment of depression (though it accepts that use of the drugs may be continued where treatment has been maintained for a long time on a small dose without a request for increased dosage). The drugs, it says, should be avoided so far as possible in the treatment of obesity, and when used should be prescribed for a limited period only. Fenfluramine is thought to have the least undesirable side effects in that respect. The working party's findings have been approved by the B.M.A. council for transmission to the Interdepartmental Standing Advisory Committee on Drug Dependence.

## Cameras as Gifts

### "TOPS" WITH MEN

A RECENT survey by the Photographic Information Council showed



**GUESTS OF HONOUR:** To mark the opening of a new canteen at the Wellcome Chemical Works, Dartford, Kent, which takes 280 people, a preview lunch was arranged for the youngest boy and girl on the staff and a man and a woman nearing retirement. They are (left to right) Messrs. E. C. Hickson (engineer's department) and Keith Biswell (Tabloid Press), Misses M. Reader (packing material stores) and Marilyn Letchford (lotions, creams and ointments). Watching them check out are Mrs. I. Sargeant (personnel department) and Mr. J. A. Rolleston (Bateman catering organisation). The canteen was opened for normal business on November 25.



that the most popular single item picked by men as the present they would like to receive was a camera. Two other items were placed above cameras by half the women who were asked what they thought men would like. The ladies named a camera as their fifth most wanted gift. The survey, which covered over 2,500 adults, also showed that, in Britain today, 57 per cent. of people take photographs.

## Drugs and Alcohol

### NEED TO WARN PATIENTS OF DANGERS

YOU may know about the hazards of taking alcohol with drugs affecting the central nervous system but your patient may not, says Dr. D. A. Cahal (medical assessor to the Committee on Safety of Drugs) in a letter to doctors. He suggests that in the present state of knowledge, a common-sense rule would be to warn the patient not to take alcohol while under treatment, whenever a drug affecting the C.N.S. is being prescribed. In particular he mentions the possibly lethal combination of barbiturates and alcohol, and the serious consequences to an individual who takes alcohol with antihistamines, operating machinery or driving a car. "There may be other hazardous combinations of which we do not yet know." The Committee on Safety of Drugs has also reminded doctors and dentists of the need to report adverse reactions to drugs. The success of the "early warning system" depends on such help, it says. More than 14,000 reports have been recorded in the register of adverse reactions during the past four years, but a retrospective study showed that only 15 per cent. of deaths of women known to have used oral contraceptives in 1966 had been reported independently to the committee.

## Electric Blankets

### CALL FOR GREATER SAFEGUARDS

IN a review of electric blankets and their servicing in the December issue of its publication *Which?*, Consumers' Association suggests a ban on blankets that do not conform with British Standard requirements. The review finds it alarming that some blankets carrying the mark of the British Electrical Approvals Board failed to pass all the B.S. tests. On the other hand buying a blanket without the approval mark "practically guaranteed risk." Blankets that had been sent to service centres were tested for electrical safety on their return. Four that had passed the spillage test when new were found to fail after such servicing. The Association points out that, in New Zealand, safety codes extend to the servicing of electric blankets. "Some similar safeguard is clearly needed here." Details of price, number of heats available, size, approximate time to heat underblankets (or recommended pre-heating time for overblankets), time taken for servicing, cost and what was done are tabulated for twenty-two underblankets, eight overblankets and three extra-low-voltage blankets. Also considered were convenience of tying underblankets to the bed, protection against overheating and performance in an endurance test. *Which?* recom-

mends as "joint best buys" the David Griffin Dee Gee Sub 24; Co-op Panda (C.W.S., 8/-), Timothy Whites' Cosi-glow and Philips' automatic overblanket.

## Quality Control

### WORLD CONFERENCE IN FINLAND

A CONFERENCE on the quality control of pharmaceutical preparations, convened by the regional office for Europe of the World Health Organisation in collaboration with the Finnish Government, took place in Helsinki, November 25-29. Participants were from twenty-four European countries and organisations such as the Commission for the European Communities, the Council of Europe, European Free Trade Association and International Pharmaceutical Federation. The conference discussed the organisation and functioning of services controlling drugs, and more specifically problems relating to good manufacturing practices, their enforcement and the co-ordination of regulations at the international level. The United Kingdom was being represented by Dr. T. D. Whittet (chief pharmacist, Department of Health and Social Security) and Eire by Dr. A. I. Scott (medical director, National Drugs Advisory Board) and Professor R. F. Timoney (dean of the College of pharmacy, Dublin).

## Steroids in Sport

### GRANT FOR DETECTION RESEARCH

ON the recommendation of the Sports Council the Department of Education and Science has offered a grant of up to £6,154 over three years for research into the detection of anabolic steroids. The project is being undertaken at the department of chemical pathology, St. Thomas' Hospital. The Medical School, said on November 20 that the Minister of Sport (Mr. D. Howell) had been concerned with the ethical and clinical aspects of dope-taking by sportsmen, and the anabolic steroids had been of particular concern. "These are taken to increase muscle mass and hence performance. Small doses taken over a long period produce this effect, making detection difficult. Having achieved an increase in weight, the anabolic steroids need not be continually taken until significant weight loss becomes apparent. During periods when they are not being taken, i.e. during competitions, the difficulty of detection is therefore increased." The project is under the direction of Dr. R. V. Brooks.

## Training Grants

### "BACK DATING" FOR DISTRIBUTION

RETROSPECTIVE grants for training now being carried out are being paid as soon as funds are available, it is announced by the Distributive Industry Training Board. The announcement has been made to encourage employers to proceed with efficient training schemes and qualify for the first training grants. A spokesman said on November 20 that simple records of time and money spent on training, names of trainees and courses attended should be kept in order to authenticate claims. Details of the levy and grants system are under

discussion, but the first levy is likely to be collected in the autumn of 1969. The Board, as soon as possible, will issue a statement on the types of training that will qualify for grants. Priority is likely to be given to training "off the job," of training officers, and for recognised certificates. The Board intends to hold conferences of trade-association secretaries in the near future to discuss policies.

## Pesticides

### PROPOSED COMMON NAMES

COMMENTS on the following suggested names for pesticides are sought by the British Standards Institution. They should be addressed to Mr. D. G. Berry, British Standards Institution, 2 Park Street, London, W.1.

### PROPOSED COMMON

NAME	CHEMICAL NAME
Aldicarb	2-methyl-2-(methylthio) propionaldehyde O-(methylcarbamoyl) oxime
Benomyl	methyl N-benzimidazol-2-yl-N-(butylcarbamoyl) carbamate
Ethirimol	5-butyl-2-ethylamino-4-hydroxy-6-methylpyrimidine
Primicarb	2-dimethylamino-5,6-dimethylpyrimidin-4-yl dimethylcarbamate

## IRISH NEWS

### THE REPUBLIC

## Belfast College

### LECTURES FOR PHARMACISTS

A TEN-WEEK course of lectures in pharmacology and therapeutics is being held in Room C19, Belfast College of Technology at 6.30 p.m. probably on Tuesday evenings commencing January 7. There will be two lectures each evening. Paired subjects proposed are "Physiology and Pharmacology of Diuresis" and "Diuretic Therapy"; "Physiology and Pharmacology of the Autonomic Nervous System" and "Therapeutic Applications of Drugs Acting on the A.N.S."; "Physiology of Blood-pressure Control and the Pharmacology of Hypertension" and "Antihypertensive Therapy"; "Antidepressant Therapy" and "Tranquilliser Therapy"; "Pharmacology of Sulphonamides and Antibiotics" and "Antibiotic Therapy"; "Physiology and Pharmacology of Histamine and the Antihistamines"; and "Modern Anaesthetics"; "Drug Absorption, Distribution and Excretion" and "Thyroid Therapy"; "Teratogenic Action of Drugs" and "Insulin Therapy"; "Drug Interactions" and "Corticosteroid Therapy" and "Oral Contraceptives" and "Drug Addiction." Fee for the course is £5. Applications should be made to Dr. F. Newcombe (department of pharmacy, Belfast College of Technology).

## IRISH BREVITIES

### THE NORTH

PRESCRIPTIONS dispensed in Northern Ireland during September numbered 758,834 (501,078 forms). Total cost was £527,168, an average of 166.73d. per prescription.



## NEWS IN BRIEF

PROFESSOR P. M. S. Blackett has been re-elected *President* of the Royal Society.

THE Federated Pharmaceutical Service Guild of Australia has changed name to "The Pharmacy Guild of Australia."

REVISED text of the Protocol to the European Agreement on the Exchange of Therapeutic Substances of Human Origin agreed at Strasbourg in January has now been published (H.M. Stationery Office, price 3s. 6d.).

FROM the beginning of 1969 banks are issuing to customers pink bags in which half-crowns may be segregated from other coins and thus facilitate withdrawal of the coin.

A NEW definition of a "commercial traveller" recently adopted by the United Commercial Travellers' Association, means that membership of the association is now open to "merchandising" representatives.

HOSPITAL authorities are given guidance on the purchase, installation, testing and maintenance of steam sterilisers in a revision of Hospital Technical Memorandum No. 10, "Pressure Steam Sterilisers" (H.M. Stationery Office, price 3s 9d.).

PROPLIST, the publication of the pending Joint Committee on the Classification of Proprietary Preparations is from now on being published at four-monthly intervals. A new layout has been adopted for the product information.

IN 1965 poisoning by drugs was second only to hanging as method most used by suicides, according to a statistical report by the World Health Organisation. Among women, drugs now account for the highest proportion (30 per cent.) of suicides by any method.

AN A.B.C. of advisory services titled "Business Efficiency" listing trade associations, professional institutes, research bodies, etc., has been published by the National Economic Development office. The booklet, available from H.M. Stationery Office, price 5s., does not include organisations concerned with pharmaceutical matters.

HOSPITALS have been urged to continue the concentration of their accident and emergency services into major units, each staffed and equipped to deal immediately with injuries and other emergencies at any hour, day or night. Wherever practicable, each unit is to serve a population of at least 150,000.

THE council of the Institute of Pharmacy Management has recognised the degree in pharmacy awarded by the Brighton College of Technology for admission to full membership of the Institute. In addition to pharmacy graduates from the University of Bradford and the Colleges of Technology at Brighton, Liverpool and Portsmouth (ordinary degree only), pharmacists in the Republic of Ireland, who have successfully completed the basic and advanced course for retail chemists arranged by the Irish Management Association, may apply for admission to full membership of the Institute.

# TOPICAL REFLECTIONS

By Xrayser

## Whither?

Last week's issue contains a number of references, quite unrelated, to the rôle of the pharmacist in present conditions and in the years to come. Taken together, they do not form a particularly coherent pattern. They appear to me to lack a sense of direction and to manifest a sense of insecurity. Organised pharmacy, as vested in the Pharmaceutical Society, has been in existence for 130 years, and after that space of time we should know where we are going. But pharmacy is not alone in being subjected to pressures from without and I fully realise that those pressures crop up in unsuspected places and unforeseen ways. If I may make a reference first of all to "the professionally stimulating meeting in a relaxed social atmosphere" at Bournemouth, the vice-president of the Pharmaceutical Society (Mr. W. H. Darling) referred (p. 514) to the pharmacist's rôle of advising on minor ailments and of protecting people from many of the medicines they took. That statement, with which no one—one would think—would quarrel, followed one by Dr. Pauline Keating (senior assistant medical officer of health, Bournemouth) who is reported as having said that a high proportion of pharmacists would supply something to a customer who came in with a minor ailment; that the pharmacist was not medically qualified and should not prescribe on one symptom alone. She went on to say that more medical training might be given to pharmacists and they might then revert to their antecedent, the apothecary. Dr. Keating did say that she represented a branch of her profession that had little to do with pharmacists and it might also be that it has little to do with general practitioners in medicine, for she cannot think that the medical profession in the mass would open its arms to an influx of apothecaries attending patients either in the pharmacy or the home, or both. She offered alternatives. The pharmacist, she said, might well join the general practitioner in a centre managed by the doctor. Not, be it noticed, as one of a team, but under the management of the doctor. She suggested, as a third possibility, that pharmacists might concentrate on the commercial side of their business.

## Mixed trading

The National Pharmaceutical Union has been looking at the present and the future and is preparing a plan for the operation of an independent pharmacy. That plan, it is reported (p. 504), is to take cognisance of the fact that the growing trend towards "mixed trading" could not now be reversed. Pharmacists offering only traditional merchandise might well become High Street casualties. About half of the running costs in professional-type pharmacies, the report goes on, are provided by the Government, and further increases in the contribution from dispensing might provoke increased governmental control over general-practice pharmacy. Strict professionalism could encourage nationalisation. That leaves no doubt of the N.P.U. attitude towards increasing the non-traditional and commercial side of pharmacy. Only ten days earlier, at Chelsea College of Science and Technology, Dr. D. A. Cahal (medical assessor, committee on Safety of Drugs) told pharmacy students (p. 515) that if they acted as shopkeepers they would be treated as such. Some doctors, he said, regarded the pharmacist as a second-class citizen, and some pharmacists, by their attitude, tended to perpetuate that opinion. "I urge you, starting on your careers, to take up the battle against those who cannot see beyond their noses." Dr. Cahal and Mr. Darling seem to be quite far-seeing, and are evidently looking in the same direction. There seems to me to be a bleak outlook for the highly trained product of the university if he has to rely on "mixed trading" when he has so much to offer to the community.

## Setting the compass

Where, then, are we headed? To a concentration on the commercial side of business? Or to the wider horizons envisaged by Mr. Darling? Having attained to a university standard of education we must not, either as a profession or as a nation, squander our resources. I have little doubt that the graduates of tomorrow will see to that, and we must help.



## HEALTH SERVICE COSTS

### More for pharmaceutical services

MORE than £33 million is needed for the National Health Service during the current financial year, according to the supplementary Civil Estimates, 1968-69 (H.M. Stationery Office, price 5s. 6d.). Of that amount almost £4 million is required for the Pharmaceutical Services. It is made up as follows:—

The increased expenditure is stated

to be mainly due to increased number of prescriptions dispensed in the early months of the year; increased average prescription cost; and reduced income from patients' charges introduced later than the original estimate envisaged. Provision at this stage represents approximately 75 per cent. of the increase likely to be required.

	ENGLAND AND WALES Present Provision	WALES Revised Provision	SCOTLAND Present Provision	Revised Provision
Pharmacists :	£	£	£	£
Cost of drugs and appliances, etc. ...	107,250,000	109,700,000	11,958,300	12,500,000
On-cost allowance ...	11,250,000	12,080,000	2,121,100	2,100,000
Dispensing fees and rota payments ...	29,700,000	29,770,000	2,894,600	2,931,000
Medical and dental practitioners ...	7,300,000	7,250,000	372,000	372,000
Less prescription charges paid by patients ...	10,500,000	10,100,000	1,063,000	1,090,000
refunds ...	1,000,000	800,000	100,000	50,000

## ZUCKERMAN COMMITTEE REPORTS

### A scientific service recommended—perhaps including pharmacy

A NEW hospital scientific service, in which both medically qualified and non-medically qualified scientists would be able to proceed to senior appointments, is proposed in the report of the Committee on Hospital Scientific and Technical Services (the Zuckerman Committee). Among those it thinks should come within the service from the outset pharmacists are not included.

However, "We think that pharmacists and pharmacy technicians might be appropriate for inclusion, after discussion with the profession. There is also need for pharmacologists and toxicologists in the National Health Service. *Prima facie* there would seem to be a need in a hospital for graduates (medical and non-medical), specialising in drugs and their effects in order to advise clinicians. We recommend that the Ministers should examine this further."

#### Pharmacists "in Post"

The number of pharmacists in post in England, Wales and Scotland (in whole-time equivalents) is given as 1,473 in 1957; 1,650 in 1962, and 1,636 in 1967. For pharmacy technicians the figures are 1,255 in 1962; 1,593 in 1967.

The scientific service envisaged by the Committee would at first include clinical biochemistry, computer science and statistics, genetics, haematology and blood transfusion, immunology, medical microbiology, morbid anatomy and histopathology, physics with biomedical engineering, nuclear medicine and physiological measurements. Technical staffs of other departments would also join the structure but medical heads such as radiographers would remain part of the clinical services.

It was clear to the Committee that the present status of the non-medically qualified graduate scientist was often subordinate to that of the doctor, even when their professional responsibilities implied a comparable standing. "This has led to a shortage of high quality graduate scientists in the hospital service, a situation which has been made worse by the fact that administrative and scientific control of laboratories

has seldom been given to non-medical scientists." Fundamental to the Committee's proposals, therefore, is the opinion that science has an essential contribution to make to medicine in its own right.

The number of scientific technical staff in the hospital service has more than doubled in the past ten years to cover over 27,000 and the Committee proposes that, in place of the present large number (over thirty) of technical occupations (some narrowly specialised) there should be a smaller number of more broadly trained and versatile technical classes. They would be in a staffing organisation providing for career progression, further training

## S.W. LONDON HOSPITAL PHARMACISTS

### "Green Paper" talk at annual meeting

THAT lively organisation with perhaps the most unwieldy name in pharmacy, the South-west London Regional Hospital Pharmacists' Committee, met in London on November 28 to hear about the Green Paper from Mr. N. A. DARBY (deputy secretary of the Board).

#### In Perspective

First, said Mr. Darby, he would set the Green Paper in the perspective of current trends in the National Health Service. The hospitals of the country were under fifteen Regional Hospital Boards. There were thirty boards of governors of teaching hospitals (twenty-six of them in London) and 330 Hospital Management Committees. Main reason for the fifteen regional boards had been to permit each group to contain a university hospital. Functions of the regional board were to plan for the future, plan hospital buildings, make financial allocations, provide executive functions (such as a computer service), provide training facilities, give advice, and make appointments to Hospital Management Committees. The community services of N.H.S. came under the Local Executive Councils (134 of them, their members appointed by the Minister, by local authorities and by the professions). The Executive Coun-

opportunities, and promotion according to qualifications, skill and experience.

There would be four classes of non-medical scientists and technical staff with grades in each as necessary. "Scientific officers" would be first (second-class honours graduates (or equivalent); "technical officers" would be holders of Higher National Certificates, or graduates; "technical assistants" would have had mainly in-service practical training with complementary further education through courses for higher qualifications; "technical aides" would have no special qualification and would carry out routine procedures, etc. The Committee recommended the appointment by the Health Departments of a chief scientist, and the setting up of national hospital scientific councils to advise on the development and organisation of the scientific service. At regional level there would be a regional scientist on the Hospital Board, and scientific advisory committees. It is thought that most regions would find it an advantage to designate a regional scientific centre at one of their hospitals. In hospitals, establishment of scientific divisions parallel with medical divisions is recommended.

#### Terms of Reference

The Zuckerman Committee was set up by the Health Minister in July 1966 to consider the development of scientific and technical services in National Health Service hospitals and to make recommendations on the future organisation and the broad pattern of staffing required. The Secretary of State for Social Services (Mr. Richard Crossman) and the Secretary of State for Scotland (Mr. William Ross) are now seeking the views of hospital authorities and the professional bodies concerned.

cils' territories varied enormously, some being "terribly small." Social and ambulance services came under 175 Local Health Authorities (city councils, county borough councils and London borough councils).

#### Current Trends

Current trends were towards (a) district general hospitals of 600-1,000 beds with "Super specialities" (dialysis units for example) on an area basis; (b) centralisation; (c) amalgamations; (d) an increasing priority for geriatric services "open" services for general medical practitioners; and (e) a concentration by committees on matters of policy (with detailed decisions left to hospitals' personnel). The provision for capital development stood currently at £100 millions a year. Most pressing problems were man-power (in the medical and nursing as well as the pharmaceutical professions). As to cost, "people" accounted for 65 per cent., the other 35 per cent. covering everything else. Recruitment depended on the ability to pay more in salaries, but there was never enough. Where Britain spent on her health services 4 per cent. of her gross national product, Sweden spent 6-7 per cent. and in the United States expenditure was advancing to 9 per



nt. Among family doctors the trend was towards group practices and health centres.

The Green Paper represented the reactions of a Government department to that general situation—without prior discussion with anybody. Its presentation was intended to start the discussion. Arguments for change were based on the present tripartite structure and multiplication of authorities; the problems created by the various methods of financing the Service; the fact that boundaries were not co-ordinated with local government boundaries; the degree of overlapping that occurred at present, causing waste of resources; the excessive size of some regions; the fact that in some regions were "too interfering" in day-to-day matters; a demand for the profession for changes; and a feeling that single area Health Boards could replace Regional Hospital Boards, Executive Councils, Hospital Management Committees and Boards of Governors. Principal criticisms so far voiced were that the proposed Area Health Boards were too small for efficient planning, too large for "member involvement."

Mr. Darby's paper followed the annual meeting of the Committee, at which Mr. E. A. CROSS (chairman) apologised that the annual report had been delayed by activities in connection with the Noel Hall Committee. MRS. D. E. BLAKE (clerk to the Committee) recounted a number of achievements and disappointments in running the Committee's post-graduate educational and training courses for members over the past five years. Mr. J. S. RUTTER explained the present contract-supply position and asked for members' reactions on the 100-tablet packs recently procured for members. Mr. G. J. J. TURNER gave a modest analysis of arrangements for quality control under the contract-purchase scheme, but it still showed that all the work was being done in his own laboratory. Its capacity was 160 assays a year and four times that number were needed for full control of all items bought in any twelve-month period. The Committee's arrangements for redistribution of members' surplus drugs were discussed by Mr. R. H. HOLDSWORTH, who gave some advice on classes of surplus drug better dealt with in other ways.

the Conversion Stock could be more advantageously invested and put forward some suggestions about reinvestment. In reply, THE PRESIDENT said that the Local Pharmaceutical Committee had agreed, after investigation, that approximately one-third of office expenses (salaries, insurance, cleaning, etc.) was a proper apportionment for them. Mr. H. W. GAMBLE (a member of that committee) pointed out that sharing of expenses of secretary and office facilities benefited both bodies, and was preferable to the L.P.C. paying for separate facilities. THE PRESIDENT welcomed Mr. Irwin's suggestions and said the matter would be referred to the General Purposes Committee. On the proposal of Mr. GAMBLE, seconded by Mr. O'ROURKE, the financial statement was approved.

Of the eight committee members retiring by rotation, seven had offered themselves for re-election and, no new nominations having been received, THE CHAIRMAN declared the following seven candidates re-elected for a further period of three years:— Messrs. N. A. J. Anderson; J. A. Brown; R. N. M. Clarke; W. E. Cooper; T. W. Cresswell; I. McMillan and T. S. Purce. Mr. J. C. Wellwood did not offer himself for re-election leaving a vacancy to be filled by co-option. A vote of thanks to Mr. Wellwood (a past president) for his services to the Committee and Association was proposed by Mr. Irwin and passed with acclamation.

MRS. A. S. G. WATSON, (a Committee member and past president) was given an ovation for an address on U.C.A. policy and services. The meeting agreed unanimously that a copy of her talk should be sent to each member of the Association.

#### Questions

At question time Mr. N. W. SMYTH, Killyleagh, who asked for information about the changeover to metric dispensing was told by Mr. H. W. GAMBLE (contractors' representative) that from March 1969, all dealings in drugs would be in the metric system. He advised chemists to order adequate stocks of metric bottles now. When ordering labels they should do so with the metric system in mind.

Mr. J. W. A. SHINNER asked about the dispensing of old private prescriptions and Mr. Gamble said they would have to be reformulated to the metric, as regards both dose and volume. Conversion tables would be issued to chemists.

Mr. T. HUNTER referred to delays in deliveries of National Pharmaceutical Union sponsored products from Maws' Pharmacy Supplies, Ltd., Preston, Lancs. THE PRESIDENT said that Committee representatives had met Messrs. Maws' sales manager, and both parties now understood each other's problems much better. He explained the steps being taken by the company to expedite deliveries, and appealed to chemists to order in good time and post orders direct to Preston, using the prepaid order pads supplied by the company. Mr. SHINNER, who asked if a local goods depot could be established by Messrs. Maws for supply of National Pharmaceutical Union goods

## ULSTER CHEMISTS' ASSOCIATION

### President tells of plans for a "pure" pharmacy

ANS for an experimental pharmacy in the new town of Craigavon were outlined by Mr. J. KNOX (president of the Ulster Chemists' Association) at the Association's annual meeting in Belfast on November 20. The pharmacy would provide a "pure" pharmaceutical service with no sales of photographic goods or cosmetics. Following the meeting called by the Pharmaceutical Society of Northern Ireland, a steering committee has been appointed to investigate the best methods of implementing the decision to set up the pharmacy. It comprised representatives from the Pharmaceutical Society and Local Pharmaceutical Committee, with Mr. T. I. O'Rourke and himself representing the U.C.A. A special meeting is being arranged to which all members of the U.C.A. and everyone on the Society's register would be invited. It was hoped that Messrs. Rankin (solicitor,) and Lovesy (accountant) would attend and explain the project. An opportunity would be given to every member to participate in the experiment which was aimed at showing that a "pure" pharmaceutical service was an economically viable proposition.

#### the "Blue List"

THE PRESIDENT said it was hoped to hold a general meeting soon on the introduction of prescription charges and the attendant exemptions. The Association hoped soon to issue a new Blue List, which at present was in the hands of the publishers. The president thanked publicly Mr. J. McMillan, Struth, for the many hours of patient effort he had put into preparing the list. An application to the Registrar of Restrictive Trading Agreements for permission to publish manufacturers' suggested or recommended retail prices in the photographic section had been granted. It was hoped

to publish the Blue List annually in future.

#### Conference Success

The U.C.A. conference at Rostrevor had been "a huge success" with a high standard of lectures, debates and discussions. Its popularity increased every year. The president thanked the conference committee, and especially Mr. J. A. Brown (convenor) for their work. The 1969 conference would be held in Enniskillen at the beginning of May. New ventures were being arranged and early application was advisable. Talk that the U.C.A. as an organisation was finished was rejected by Mr. Knox. It was, he said, the talk of the defeatist. While it was true the face of pharmacy was changing, the U.C.A. was alert and active and aware of all that was going on in pharmacy today. Unity and loyalty were needed. Members should think of themselves not as rivals and competitors but as colleagues and friends. Mr. Knox thanked the office staff for their help during the year.

The Executive Committee's annual report for year ended September 30, 1968 was adopted on the motion of Mr. H. W. GAMBLE, seconded by Mr. J. HUNTER.

Commenting on the accounts, the treasurer (Mr. M. C. MOONEY) said he was pleased there was a credit balance in spite of unavoidably increased expenditure. He was doubtful if the annual subscription could be held to its present figure for much longer. Mr. W. H. IRWIN pointed out that there would have been an adverse balance but for the increased contribution from the Local Pharmaceutical Committee, allied to the normal contribution from the Associates' Section. The Association should not have to rely on those contributions but on members' subscriptions. He further commented that



was told that that had been suggested but the company had said that it would not be an economical proposition.

MR. R. N. M. CLARKE asked if the names of elderly retired pharmacists, willing to do locum work could be added to the list of locums in the office; he was assured that such was already the case, but further names would be welcomed.

MR. W. H. BOYD recommended the scheme whereby a group of pharmacists employed a full-time pharmacist

all the year round, allowing each member of the group some extra leisure and taking care of the locum problem.

MR. T. KENNEDY, Portavogie, proposed a vote of thanks to the president for his services during the year and for his conduct of the meeting. Then Mr. D. N. McConnell seconded and the motion was passed with acclamation.

A similar vote of thanks was passed to the Executive Committee, Mr. M. C. Mooney (treasurer), and the office staff.

for new jobs as they were developed.

Prizes were awarded as follows. *First Year*, Margaret Auchinleck G. P. Shah; Joanne M. Surguy. *Second Year*, Judith M. Kidd; Barbara A. Smith. *Third Year*, Jennifer M. Andrews; D. Barlow; Jennifer A. Smith. *Fourth Year*, P. G. Riley. MILLAR MEDAL (best performance in dispensing and forensic pharmacy) 1965-66, R. J. Hunt; 1966-67, Christi M. Sugden.

The prizes include a new one valued at £10 10s. donated by Imperial Chemical Industries, Ltd.

Method for the award of the Millar medal has been changed. Previously awarded for meritorious performance which was found difficult to assess, is now being awarded for the best performance in dispensing and forensic pharmacy (examined in second year course), though the award is not made until the student graduates. Mr. P. RILEY, on behalf of the prize-winners thanked the donors, the Association and Dr. Haigh.

## MANCHESTER PRIZE-GIVING

### Students told of a "new approach" to work

AT the Manchester Pharmaceutical Association's annual prize-giving recently for students of the pharmacy department, University of Manchester, the Association's president, (MR. J. MORRIS) introduced Professor K. BULLOCK (school head) who reported on the year's work. Changes introduced into the regulations during the session would result, he said, in improved degree courses. Pharmacy was now a first examination subject and would therefore be taken in every year of the course. It should be possible to reduce the length of the honours course from four to three years, if that were still felt desirable. The ultimate specialisation, now a feature of the fourth year, could then be studied for the M.Sc. degree by examination. Professor Bullock then outlined the work of the department, including an extensive research programme, and referred to the gift of a set of papers, "The House of Woolley" to the University library by the author. They were regarded by the University authorities as a valuable contribution to the economic and social history of the city, as well as to the history of pharmacy.

### Production "Through People"

DR. A. S. HAIGH (works manager, pharmaceuticals division, Imperial Chemical Industries, Ltd.) then distributed the prizes and gave his address. Organisation, he said, could be regarded as the achievement of "production" through people, and organisational development was now receiving great attention. Recent developments were based on the rather obvious fact that there was nothing wrong with work, provided that one enjoyed doing it. Organisational forms developed during the Industrial Revolution and aimed at harnessing muscle power, were no longer adequate, since the working environment was moving quickly away from one of hands to one of intellect. New approaches were based on the behavioural sciences, which had received fresh impetus in America in the past five or six years. Man's fundamental need to achieve a sense of dignity at work was recognised, and it followed that he was better motivated by job satisfaction rather than by money incentive, provided his dignity was not hurt by inadequate pay. In place of "jobs" designed around running machinery, management was now having to regard the work to be done as raw material for building up jobs that satis-

fied. In future there would be less of the boss telling subordinates what to do and more of groups getting together to discuss problems and decide on the best action to take. Jobs would change more frequently, and people spend more time being trained either within industry, or at college or university,

## APPROVED NAMES

### Pharmacopoeia Commission issues supplementary list

THE following supplementary list of Approved Names has been issued by the British Pharmacopoeia Commission. (Statements in parenthesis in second column are based solely on information provided by the maker).

APPROVED NAME	OTHER NAMES
Bevonium methylsulphate	2-Benziloxymethyl-1,1-dimethylpiperidinium methylsulphate; Acabel (Antispasmodic)
Bezitramide	1-(3-Cyano-3,3-diphenylpropyl)-4-(2-oxo-3-propionyl-1-benzimidazolyl)piperidine (Narcotic analgesic)
Boldenone	17 $\beta$ -Hydroxyandrosta-1,4-dien-3-one CIBA-29038 is the undec-10-enoate (Anabolic steroid)
Brocresine	O-(4-Bromo-3-hydroxybenzyl) hydroxylamine; Contramine is the phosphate (Histidine decarboxylase inhibitor)
Butamirate	2-(2-Diethylaminoethoxy) ethyl 2-phenylbutyrate; Sinecod is the citrate (Cough suppressant)
Cephalexin	7-(D- $\alpha$ -Aminophenylacetamido)-3-methyl-3-cephem-4-carboxylic acid (Antibiotic)
Clindamycin	7-Chloro-6,7,8-trideoxy-6-(trans-1-methyl-4-propyl-L-2-pyrrolidinecarboxamido)-1-thio-L-threo- $\alpha$ -D-galactopyranoside (Antibiotic)
Clomipramine	2-Chloro-5-(3-dimethylaminopropyl)-10,11-dihydrodibenz[b,f]azepine; Anafranil is the hydrochloride (Antidepressant)
Cortodoxone	17,21-Dihydroxypregn-4-ene-3,20-dione (Corticosteroid)
Edogestone	17-Acetoxy-3,3-ethylenedioxy-6-methylpregn-5-en-20-one; PH. 218 (Progestational steroid)
Fenclozic acid	2-(4-Chlorophenyl)thiazol-4-acetic acid; I.C.I. 54,450 (Anti-inflammatory agent)
Fluclorolone acetoneide	9 $\alpha$ ,11 $\beta$ -Dichloro-6 $\alpha$ -fluoro-21-hydroxy-16 $\alpha$ ,17 $\alpha$ -isopropylidenedioxypregna-1,4-diene-3,20-dione; RS-2252 (Corticosteroid)
Flugestone	9 $\alpha$ -Fluoro-11 $\beta$ ,17-dihydroxypregn-4-ene-3,20-dione; Gestone (Progestational steroid)

Guamecycline	N-(4-Diguanidopiperazin-1-ylmethyl)tetracycline (Antibiotic)
Metacetamol	3-Acetamidophenol; BS 479 (Analgesic)
Metyzoline	2-(2-Methylbenzo [b]thien-3-yl)-methyl-2-imidazoline; Eunasin is the hydrochloride (Vasoconstrictor)
Mitobronitol	1,6-Dibromo-1,6-dideoxy-D-mannitol; Myelobromol (Antineoplastic agent)
Nifurtimox	Tetrahydro-3-methyl-4-(5-nitrofurfurylidene-amino)-1,4-thiazine 1,1-dioxide; (Treatment of trypanosomiasis)
Oxprenolol	1-(o-Allyloxyphenoxy)-3-isopropylaminopropan-2-ol; CIBA-39089 is the hydrochloride (Coronary vasodilator)
Oxyfedrine	L-3- $\beta$ -Hydroxy- $\alpha$ -methylphenethylaminol-3'-methoxypropiphenone; Ildamen is the hydrochloride (Coronary vasodilator)
Porfiromycin	6-Amino-8-carbamoyloxymethyl, 1a,2,8,8a,8b-hexahydro-8-methoxy-1,5-dimethylaziridin[2',3':3,4]pyrrolo 1,2-adindole-4,7-dione (Antibiotic)
Sulfameto-pyrazine	2-(4-Aminobenzene-sulphonamido)-3-methoxypyrazine; Sulfalene (I.N.N.); Kelfiz (Sulphonamide)
Terbutaline	1-(3,5-Dihydroxyphenyl)-2-(t-butylamino)ethanol (Bronchodilator)
Tilidate	Ethyl 2-dimethylamino-1-phenylcyclohex-3-ene-1-carboxylate (Analgesic)

The Commission announce that the following should replace the entries given previously (see C. & D., Aug. 31, p. 212).

APPROVED NAME	OTHER NAMES
Diprenorphine	N-Cyclopropylmethyl-7,8-dihydro-7 $\alpha$ -(1-hydroxy-1-methylethyl)-O <sup>6</sup> -methyl-6,14-endoethano-normorphine M. 5050
Profadol	1-Methyl-3-propyl-3-(3-hydroxyphenyl)pyrrolidine; A 2205 and CI-572 are the hydrochloride

A consolidated edition of the booklet of approved names is being issued in January 1969.



# ADDICTS AND HOW TO TREAT THEM

## Epsom Branch invites doctors and others to a forum

T drug addicts should continue to be treated in the United Kingdom as addicts and not criminals was the hope expressed by both a medical consultant experienced in treating addicts and a probation officer at a forum on the subject held by the Epsom Branch of the Pharmaceutical Society recently. Members of the medical profession and local people interested in the problem had been invited. On the panel of the consultant (Dr. J. Merry, West Hospital, Epsom) and the probation officer (Mr. B. Pearce) was Mrs. Moore (chief pharmacist at Lambeth Hospital).

### Root of the Problem

DR. MERRY gave figures from various hospital reports to show the extent of drug addiction in the United Kingdom. MRS. MOORE at whose hospital a drug addiction clinic had been organised, said little dispensing was normally carried out for addicts except when they required "a stat dose." Recently, however, when chemists were unable to obtain supplies of methadone injections, arrangements had been made for the hospital pharmacy, which had adequate stocks, to help out. Mrs. Moore said the current EC10 form (on which drug addicts now received their prescriptions), holding its instruction that prescriptions should be dispensed between the hours of 10 a.m. and 6 p.m. to be unfortunate in that some addicts were trying to hold down a job all day as cope with their addiction, and had difficulty in getting their supplies within those hours. At Lambeth Hospital the consultant usually amended the form to allow the prescriptions to be dispensed at 9 a.m., and she hoped that chemists who receive one of his prescriptions would not think that the problem had been made unofficially. In recent changes in the distribution of Methedrine injection the problem was now treated for purposes of record, as a Dangerous Drug. The consultants at the clinic had decided that those Methedrine injection addicts who had been on one ampoule a day and no longer receive supplies, and who of them had accepted the situation without complaint. Supplies for addicts on higher dosages had been strictly restricted and given at three or four day intervals. Highlighting of the problem had, in her view, focused attention on the need for security measures in the hospital pharmacy stores. She had sought and obtained the helpful advice of the police, whose recommendations had been adopted. As to cost, the daily figure of addiction treatment was "charged back" to the hospital and had been rising. (January, £75; February, £109; March, £194; April, £463; May, £862). More recent figures indicated a slight levelling off, and it was stated that the drug-addiction treatment could expect expenditure to be around £800-£850 a month.

MR. PEARCE explained that when, as a probation officer, he first saw a drug addict, his main concern was to deal with the psychological problems in-

volved and to ensure, if possible, that dependence on a drug was transferred to become a dependence upon other people. He expressed some concern at the variety of decisions given by groups of magistrates in dealing with drug addicts brought before them: conditional discharge; probation, with and without other conditions; and prison amongst them. More consideration should, he felt, be given to that aspect. In his experience the peak age for addiction was 17-19, and drug-taking often began as a group activity, though it was impossible to trace a single cause for the addict's first experiments.

Answering a questioner, DR. MERRY affirmed his objection to treating drug addicts as criminals: alcohol was a far more serious addiction problem than that resulting from experiments with drugs. When he was asked how addicts had "got on to heroin" since, before the 1939-45 war, addiction had been primarily an outcome of therapeutic treatment, he said that, whilst most heroin addicts had "been through" other drugs, it could not be automatically assumed that all who experimented would go through that process. MR. PEARCE said that three years ago a considerable amount of delinquency had been associated with drug taking; in the past year he had seen less but did not know why. Though not convinced that all the magistrates' decisions were the best ones he could see the value of sending an addict aged under twenty-

one years to Borstal for a period, so that he should "get away from the drug scene and receive some help in order to mature." DR. MERRY, when asked how much pressure was exerted upon addicts to make them undergo treatment, pointed out that drug addiction should be looked upon as "a problem of our era" and he did not think that "locking up" was going to help. Most people used their environment to discharge their tension, but the drug addict seemed unable to do so. The young people were at an experimental stage of their life and experimenting resulted in occasional misfortune. He asked his audience to realise that "the gap between us and our children" was tremendous — even more than the gap between members present and their own parents. He was loath to agree that the undue publicity given to drug addiction had directly encouraged more addicts. Usually the introduction to drugs was at matter of "chance association." The suggestion that a 6 p.m. time limit should be included on prescriptions had been his own, because he wished to avoid the "midnight prescription run." Why the 10 a.m. time had been introduced he did not know. A pharmacist present told colleagues who had been reluctant to deal with addicts' prescriptions to put aside their fears — one addict for whom he was dispensing "couldn't be a nicer chap." MRS. MOORE added that the addiction clinic at the hospital had caused far less disruption and far fewer difficulties for the pharmacy department than she had anticipated before it was put into operation.

## IDENTIFICATION OF MEDICINES

### Recommendations by Standing Medical Advisory subcommittee

ALL medicines in solid dose form should be readily identifiable possibly by some agreed method of coding and the containers of all prescribed and dispensed medicines should be labelled with the name of the content and directions for use, unless the prescriber expressly directs the dispenser otherwise. That is the opinion of a joint subcommittee of the standing medical advisory committees to the Central and Scottish Health Services Councils. The subcommittee's report on "Hospital Treatment of Acute Poisoning" (H.M. Stationery Office, price 3s 6d.) recommends the establishment throughout the country of poisoning treatment centres on the basis of the district or general hospital or its existing complex. The centres would be sited in hospitals with a psychiatric unit able to provide emergency services with seven day cover. It is recommended that all cases of deliberate self-poisoning should be referred to such a centre regardless of the seriousness or otherwise of the patient's medical condition, "the explanation that a self-poisoning act was accidental should never be accepted without searching inquiry." Another recommendation is that the registrar general should adopt a more specific classification of poisons to allow identification of deaths or illnesses due to new individual or groups of drugs (at present there is a heading for "other analgesic and soporific

drugs" within which newer psychotropic drugs are included). There are also recommendations concerning the transport and staff required to convey poisoned patients. Secretary of State for Health and Social Security (Mr. R. Crossman) is asking hospital boards in England and Wales to review their services in the light of the report.

## Industrial Statistics

### GOVERNMENT'S PLANNED EXTENSION

THE Government Statistical Service is planning to examine, over the next few years, the present range of industrial statistics and to recast and extend it so as to provide a comprehensive and integrated statistical service. Emphasis will be on meeting as fully as possible the growing needs of industry for statistical information. An important aspect of the reorganisation will be to consider industry by industry (with trade associations and others interested) the requirements for short-period — usually quarterly — information about the goods they sell. Lead in the consultations will be taken by the Government Department with responsibility for the particular industry. Pharmaceutical chemicals and preparations (Standard Industrial Classification 463) is among six industries' statistics upon which the statistics division of the Board of Trade is now working. Another is general chemicals (S.I.C. 271).



## IN PARLIAMENT

BY A MEMBER OF THE PRESS GALLERY, HOUSE OF COMMONS

NO half-crowns will be struck after the end of December and those already in circulation will be progressively withdrawn throughout 1969. In a written answer on December 2, MR. ROY JENKINS (Chancellor of the Exchequer), also announced that steps would shortly be taken to deprive halfcrowns of their status as current coin and legal tender with effect from January 1, 1970.

### Unsolicited Goods

MR. B. WHITAKER asked the President of the Board of Trade whether he would introduce legislation to enact that any unsolicited goods sent should be deemed to be an unconditional gift to the recipient.

MRS. G. DUNWOODY (Parliamentary Secretary, Board of Trade), in a written answer on November 29, said that as the law stood the recipient was under no obligation to pay for unsolicited goods, nor to return them. She was considering whether there were any additional safeguards which would be practicable and which would not cause injustice, for example to traders who misdirected goods in error.

### Prescription Charges

MR. C. R. BENCE asked the Secretary for Scotland on November 27 how many application forms, and at what cost, he had ordered in connection with the "season ticket" arrangements for prescription charges. MR. ROSS: 200,000 at an estimated cost of just under £400.

MR. HAMILTON asked the Secretary of State for Scotland whether the holder of a "season ticket" to cover prescription charges would be allowed a rebate if it was returned within three months. MR. ROSS: No. MR. A. EADIE asked the Secretary for Social Services on December 2 what advice his Department issued to mothers of stillborn children concerning prescription charges. MR. ENNALS (Minister of State) said a note on the exemption certificate asked that it should be returned in the event of miscarriage or the death of the child. MR. EADIE: Many pharmacists are finding difficulty in understanding precisely what this means and there is great confusion. Would you try to do something about this with a view to trying to make clear the rights which mothers of stillborn children have in this matter?

MR. ENNALS: The fact that you asked this question may help to clarify the matter. The advice is certainly regarded as applicable in the case of a stillborn child and I think the majority of pharmacists know this to be so.

MR. A. P. DEAN: Does not this show that there are still many rough edges on the prescription charges scheme?

MR. ENNALS: I think initially we recognise that there were one or two areas which needed to be improved. We have already improved them. Of course if any further changes are required we will seriously look at them. However I am satisfied that the system is working satisfactorily.

### Prices for Prescription Drugs

MR. T. V. N. FORTESCUE asked the Secretary for Social Services on December 2 whether he would reconsider his recent policy of deciding on a reimbursable price for prescription drugs based on the price of imported products presented in simple forms, in view of its discouraging effect on the main British-based pharmaceutical companies.

MR. ENNALS: I take it that you have in mind those few drugs prescribed by generic name and marketed only under brand names and at more than one price. The Secretary of State sees no reason to alter the long-standing practice of fixing the reimbursable price of these drugs on the assumption that chemists will have bought the lowest priced brand generally available. He has however, decided to make a change in the form in which the reimbursable price is notified, so as to avoid mentioning any brand by name.

MR. FORTESCUE: Now that the imperative need for the saving of imports has been made all the more dramatic by the Government's recent actions, would you not agree that the dispenser's reimbursement fee should in future be based on the much reduced prices of the old established and reputable British-made brands rather than on doubtful and untried imported brands?

MR. ENNALS: You would be wrong in assuming that the cheapest brand is always the imported brand. You must also recognise that while we must watch the balance of payments, we must also watch the cost and our anxiety is to see not only that the appropriate and suitable drug is available but that we get value for money.

MR. M. MACMILLAN: Will you give two undertakings? First that any use of cheaper imports or cheaper home manufacture for that matter, does not result in a narrower range of preparations being available, that is to say, only in the more simple form of capsules and tablets; and secondly, to watch for any fall off in safety or efficacy as happened some years ago in the case of a tetracycline syrup for children?

MR. ENNALS: I will watch both these matters but the changes to which I referred in my answer will have neither of these implications.

DR. J. E. DUNWOODY asked the Secretary for Social Services what preparations he had made in view of the possibility of an influenza epidemic this winter.

MR. ENNALS: The Chief Medical Officer has now written to all family doctors on the subject and wholesalers as well as manufacturers have been approached [see p. 523]. My Department is also in touch with the pharmaceutical profession. We hope that, subject to the necessary testing and checking, substantial and increasing supplies of imported vaccine will start to become available to doctors before Christmas.

MR. W. J. MOLLOY asked what was the estimate of the additional payments

to pharmacists to compensate them for the additional work needed to collect prescription charges for this year and for the next full year. In a written answer on December 2, MR. ENNALS said "About £500,000 this year and between £800,000 and £850,000 in 1969."

### Restriction of Prescription Supplies

MR. J. H. ALLASON asked the Secretary for Social Services whether he would take steps to restrict potentially dangerous medical prescriptions to a maximum of one month's supply.

MR. ENNALS in a written answer on December 2 stated that the Minister could not impose a formal restriction of that kind but representations which had recently been made on the subject by the Central N.H.S. (Chemist Contractors) Committee were under consideration.

### Quinine

MR. D. E. F. LUARD asked the Home Secretary what action he had taken on the report of the Poisons Board on the sale of quinine. MR. ELYST MORGAN (Under Secretary of State) in a written answer on December 2 stated the Home Secretary had accepted the Poisons Board's recommendation to include quinine in Part I of the Poisons List and, subject to certain exemption to restrict retail sale to prescriptive only [see p. 523].

### Family Planning Advice

In a written reply to MR. N. T. FISHER on December 2, MR. ENNALS disclosed that in 1967 in Great Britain 454,356 women were attending Family Planning Association Clinics.

## LEGAL REPORTS

### £100 Fine and £2,425 Costs

TRADING as William Hill, with registered offices at Baker Street, London W.1, Zygmut (Chemists), Ltd., were fined £100 at Marylebone court on December 3. They had been found guilty at a previous hearing of contravening Section 2 of the Food and Drugs Act, 1955, in that they sold on October 6, 1967, at their premises, Westbourne Grove, Paddington, the capsules of penicillin V instead of Ampicillin as demanded by the purchaser. Two further summonses alleging contravention of the Merchandise Marks Act, 1887, in that they had their possession a canister containing capsules of penicillin V, to which the trade mark Penbritin had been falsely applied, and that they falsely applied the canister the trade mark Penbritin were dismissed by the magistrate, Messrs. Zygmut, who had pleaded not guilty to all the summonses, had summoned Sangers, Ltd., Tolmers Square, London, N.W.1, alleging that any such contravention was due to an act of default of Messrs. Sangers in that they sold the capsules to them. That summons was dismissed, and Messrs. Zygmut were ordered to pay Messrs. Sangers costs of £1,050. Sangers, Ltd., had in turn summoned the Beecham Group, Ltd., Great West Road, Brentford, alleging that any contravention was due to them as suppliers of the capsules. That summons



not proceeded with. Messrs. Zyglot were further ordered to pay costs of £1,075 to Messrs. Beecham and £300 to the Westminster City Council, prosecutors.

## COMPANY NEWS

Previous year's figures in parentheses

**YES GROUP, LTD.**—For the 40 years ended September 30, sales rose to £6,391,000 (from £5,743,000). Pre-profits were £434,000 (£306,000).

**UNITED GLASS LTD.**—The following subsidiary companies are now operating: U.G. Glass Containers, Ltd.; Glass Closures & Plastics, Ltd. and Glass Engineering, Ltd.

**CRODA PREMIER, LTD.**—The company are to raise £1,400,000 through rights issue to shareholders and interest of the two convertible loan notes.

**D. SEARLE & CO., LTD.**—The company announce that they have agreed to purchase, for an undisclosed price, the shares of J. G. Franklin & Co., Ltd. Dalston, East London, manufacturers of surgical appliances.

**RUG HOUSES OF AUSTRALIA, LTD.**—Controlling interest in the company has passed to Slater Securities (Australia), Ltd. The new chairman Mr. R. Tarling stated on November 27 that the group had decided buying D.H.A. shares on the market.

**IMPERIAL CHEMICAL INDUSTRIES, LTD.**—Group sales in nine months of the year rose to £917m. from £716m. in same period of 1967. Group profit was £115m. (£73m.) and, after tax and minority holders, £64m. (£31m.). The f.o.b. value of exports from the U.K. reached £160m. (£126m.).

**APORTE INDUSTRIES (HOLDINGS), LTD.**—Sales in half-year ended September 29 at £19.93m. increased by 10 per cent. over the corresponding period of 1967. Profit, before tax, at £1.1m. showed an increase of 17.1 per cent. The tax charge is slightly up to £0.2m. net profit at £1.41m. (against £1.3m.). To achieve a better relationship between the interim and final dividends, an interim of 5 per cent. (against 4 per cent.), is declared.

**HORNTON & ROSS, LTD.**—Mr. E. Ross, co-founder of the business since 1922 and chairman since 1958, relinquished that appointment on September 30 but remains on the board. Mr. A. Hirst (secretary since 1959 and a director since 1947), has been elected chairman. Mr. Ralph Thornton, B.Pharm., M.P.S., A.R.I.C., one of the other founder, the late Mr. E. Thornton and Mr. Vernon E. Ross, M.P.S., (son of Mr. Ross), have been appointed joint managing directors, both having been members of the board since 1958.

## APPOINTMENTS

### Board

**FORD, LTD.**—Mr. John L. Porter, has been appointed chief executive and joint managing director.

**OWMANS CHEMICALS, LTD.**—F. A. S. Wood (chairman and managing director, Croda Premier,

Ltd.), has been appointed chairman of Bowman Chemicals, Ltd.

**TWYFORD LABORATORIES, LTD.**—Mr. Walter Jones, F.P.S., formerly in charge of technical developments at Crooks Laboratories, Ltd. has been appointed director, Twyford Laboratories, Ltd.

## Executives

**ASSOCIATED CHEMICAL COMPANIES**, division of Albright & Wilson, Ltd., have announced a number of new industrial chemical marketing appointments including Messrs. David Hutton-Wilson (general marketing manager), G. R. Nash (sales manager, general chemicals), R. G. Stockdale (export sales manager) and R. B. Overend (sales development manager).

## Representatives

**THERMOS, LTD.**, have appointed Mr. M. R. Stobie their representative in Cumberland, Northumberland, Durham, Westmorland and part of Yorkshire and Mr. C. G. Hoysted for North Wales, North Staffordshire, North Shropshire and part of Cheshire.

## BUSINESS CHANGES

**JAMES A. WHITE & SON, LTD.**, are transferring their business to 9 The Arndale Centre, Shipley, Yorks (from 63 Bradford Road), on Dec. 9.

**L. LANDAW & CO., LTD.**, have removed to 1 Rostrevor Mews, Rostrevor Road, London, S.W.6 (telephone: 01-736 1122).

## PERSONALITIES

**MR. MERVYN MADGE**, 1 Saltburn Road, St. Budeaux, Plymouth is leaving the Co-operative movement in order to devote more time to other business and pharmaceutical interests. He asks that correspondence, etc., for *Rural Pharmacists News* (of which he is editor) should be sent to the above address from which he will also be conducting a business advisory service.

**MR. ANDREWLYNN BELLHOUSE**, Leeds, who graduated in pharmacy at the University of Bradford in June, is the first recipient of the Michaels prize awarded by the Institute of Pharmacy Management. From a number of candidates, Mr. Bellhouse was chosen because he "had shown a general all-round high performance, particularly in the subject of pharmacy practice." The prize, donated by Dr. I. Michaels, is awarded annually to encourage the interest of pharmacy students in a study of the socio-economic aspects of pharmacy.

## NEW "FELLOWS"

### Twelve more designated

THE following have been designated Fellows of the Pharmaceutical Society of Great Britain from December 4:—  
*For distinction in the profession of pharmacy*—

Henry John Brown, Canada.  
Harry Emerton Buxton, South Africa.  
David Currie, Glasgow.  
John Philip Curtis, Barnet, Herts.  
Hubert John Gatehouse, Caerphilly, Glam.  
Philip Howard, Macclesfield, Ches.

John Alick Lumley, Leicester.  
Oswald Francis Morgan, Molesey, Surrey.

Harry Smith Officer, Stockport, Ches.  
Fred Wrigley, Welwyn Garden City.

*For distinction in the practice of pharmacy*—

Kenneth Hal Harper, Nottingham.  
David Walter Hurt Roberts, London, W.3.

## OVERSEAS VISITS

**MR. C. HARRIS** (managing director, Hough, Haseason & Co., Ltd.), set off recently on the first of a series of goodwill trips to visit overseas customers. His first trip is to Greece; and he hopes to follow up inquiries received from Switzerland, Scandinavia and Eire.

**MR. G. R. McCONNOCHIE** (group managing director, Jackel & Co., Ltd., Blyth, Northumberland), is on a four-week round-the-world tour to the United States, Canada, Honolulu and Japan. He will be visiting the company's agents in most of those territories and calling on manufacturers whose goods are manufactured in Great Britain under licence.

## DEATHS

**FARNDALL.**—Recently Mr. George Farndell, M.P.S., 26 St. Mary's Street, Stamford, Lincs, aged eighty-four. Mr. Farndell qualified in 1909 and was in 13 St. Mary's Street until he retired in 1952.

**PECK.**—On November 28, Mr. John Wicliffe Peck, F.I.P.S., F.R.I.C., Crow Clump, St. George's Hill, Weybridge, Surrey, aged ninety-three. Mr. Peck qualified in 1897 and was for forty years associated with the Hospital for Sick Children, Great Ormond Street, London, joining the permanent staff in 1896. From 1901 to 1907 he acted as assistant bacteriologist to the hospital and was its first radiologist. He was a member of the Board of Examiners, Pharmaceutical Society of Great Britain and of the 1923 British Pharmaceutical Codex Revision Committee. A founder of the Incorporated Hospital Officers' Association and the Guild of Public Pharmacists, he was probably one of the first to arrange for co-operative buying of drugs in the large London hospitals. After retiring from the hospital service Mr. Peck was appointed a member of the board of Bencard, Ltd. He was formerly a regular contributor to the C. & D.

## EXPANSION PROJECTS

THE Metal Box Co., Ltd., are proposing to build a 100,000 sq. ft. factory near Wrexham, Denbighs, for the manufacture of plastics packaging. The factory will be erected on a 15-acre site which was recently acquired. The new factory is due for completion before the middle of 1969.

THE foundation stone was laid on November 5 of the new Europarenteral factory at Lessines, Belgium, for the production of pharmaceuticals. The new enterprise covers a 45-acre site. Europarenteral is a subsidiary of Baxter Laboratories, Chicago. Total investments amount to over Fr. 200 m. The factory will have over 370 workers by the end of 1972.



## MANUFACTURERS' ACTIVITIES

**Bulk-ordering Agreement.**—A new trading agreement between the Scottish Co-operative Wholesale Society, Ltd., and Nicholas Products, Ltd., Slough, Bucks, provides for delivery of orders to Co-op shops from Nicholas Products, Ltd., via the S.C.W.S. Glasgow depot. Also part of the arrangement is a price agreement on a bulk-order basis.

**Fifty Years' Service.**—Mr. Henry Horne was guest of honour at a dinner given by the Crookes Laboratories, Ltd., Basingstoke, Hants, when he recently completed half a century in the company's service, rising from office boy to cashier. His record, said the managing director (Mr. C. J. Clarke) at the dinner, is one that cannot be repeated, since today an employee may begin work only at the age of sixteen and retires at sixty-five.

**Accent on Exports.**—Speaking at the silver jubilee celebration held by Newman Labelling Machines, Ltd., Queens Road, Barnet, Herts, on November 15, Mr. R. J. Newman (managing director) told of the development of it and the changes in its marketing policy that had resulted in over 60 per cent. of its total output being now exported.



With Mr. Newman (second from right) at the silver jubilee celebrations are Mr. M. W. Paynter (chief executive, Institute of Packaging), Mrs. Newman (left) and Mrs. Paynter.

**Awards for Films.**—Two medical films in the Documenta Geigy series of J. R. Geigy S.A., Basle, Switzerland, received awards at the 1968 *Festival du film médico-chirurgical* of the *Entretiens de Bichat* in Paris. The film "The Genetic Code" won the major prize for a film intended for post-graduate training, and the film "Respiratory Insufficiency and the General Practitioner" was awarded one of the prizes for the ten best films. "The Genetic Code" is devoted mainly to

the latest work of Dr. M. Nirenberg, one of the 1968 Nobel prize winners for medicine.

**Contribution To College Building.**—A gift equivalent to \$50,000 has been



Dr. Max Tishler

made by Merck Sharp & Dohme, Ltd., towards the cost of the Florey Building at Queens College, Oxford. The gift was announced by Dr. Max Tishler (president, Merck Sharp & Dohme Research Laboratories and a director, Merck & Co., Inc.), at a dinner given in his honour at the College, on November 20. Dr. Tishler explained that the gift had been made in acknowledgement of the long association of his company with Lord Florey and of the valuable influence on British and American medicine which Lord Florey's contribution to the development of penicillin made possible. It was, he added, especially fitting that Lord Florey should be given a permanent memorial in the University where his great contributions to science were made and that the memorial should be so notable an addition to the College of which he was so distinguished a Provost.



**SET WITH DIAMONDS:** Mrs. Margaret Hughes, of Pendlebury, Lancs, receives the first prize (a £250 gold bracelet watch set with diamonds) as winner in baby-shampoo competition featured by Johnson & Johnson Ltd., Bath Road, Slough, Bucks, in the magazine "Hers" from Anne Kilbride (the paper's household editor). With them is the company's product manager.

**SUPPLIES FOR COMPETITORS:** Left, Round-the-world yachtsman Donald Crowhurst, a competitor in the "Sunday Times" non-stop solo race, checks over Gillette supplies aboard his trimaran "Teignmouth Electron". Right, Eileen Westley, and Jenny Gates, members of the Sydney "Daily Telegraph's" all-woman team entered for the London to Sydney marathon check their route maps and supplies of Horlicks concentrated rations. With them is the assistant manager of the company's services department.



## TRADE NOTES

**Price Down Next January.**—Becham Research, Laboratories, Great West Road, Brentford, Middlesex, announce that the price of their semi-synthetic penicillin, Orbenin, is being reduced by 15 per cent. on January 1, 1969.

**Added to List.**—Burroughs Wellcome & Co., P.O. Box 129, 183 Euston Road, London, N.W.1, have made available a set of three 0.5-mil ampoules (8s. 6d.) of diphtheria vaccine T.A.B.P., Wellcome brand.

**Distribution Change.**—Since December 2, Thomas Marns, Ltd., Art Avenue, Rustington, Sussex, have been acting as manufacturer and distributor of Ethison on behalf of Ethicon Laboratories, 1 High Street, Barnet, Herts.

**Delay Hint.**—British Cod Liver Oil (Hull & Grimsby), Ltd., and May Pharmacy Supplies, Ltd., announce that because of exceptional demand for the special Autumn bonus-parcel offer of Seven Seas products and the success of the recent link-up between the two companies under which Messrs. Maws became United Kingdom distributors for the Seven Seas range, some chemists may experience slight delays in the delivery of their orders. Orders already in hand are being dealt with as speedily as possible.

**Short-acting and Long-acting Form.**—To avoid any confusion that might arise in the interpretation of prescriptions for Synacthen, CIBA Laboratories, Ltd., Horsham, Sussex, point out that plain Synacthen (0.25-mg ampoules) has a short action, and designed for intravenous use in diagnostic tests and in emergency therapy. Only the new long-acting form, Synacthen depot (ampoules 1 mgm./mil. and vials 2 mgm./2 mls.) is suitable for longer-term intramuscular or subcutaneous therapy. In general practice there is far less call for Synacthen than for Synacthen depot, but some prescribers, Messrs. Ciba point out, may not yet be aware that there is a difference. Unless it is perfectly clear, therefore, that the short-acting form is required, pharmacists found it advisable to verify that prescription for Synacthen is not in fact for the long-acting form Synacthen depot. A clear indication of which form is required should also be made on all orders for supplies.

### Bonus Offers

**WIGGLESWORTH, LTD.,** Westthorpe, Bolton, Lancs. Wiggs junior expectorant. Thirteen invoiced as twelve Inhalax capsules. Thirteen invoiced as twelve. Till January 31, 1969.

**H. J. HEINZ CO., LTD.,** Hayes Park, Hayes, Middlesex. Case of 7½-oz. can free on order for 20 cases of an Heinz baby food ordered (strained junior, cans or jars).

### Premium Offers

**REVLON INTERNATIONAL CORPORATION,** 8 Brook Street, London, W.1. Tortoise-tone durable compact containing Blush-on and translucent powder at special price (32s. 6d.). For limited period.

**ROBINSON & SONS, LTD.,** Wheat Bridge Mills, Chesterfield, Derbys. Paddi Panda



11d. plus three "babies" from Paddi packs. 2-ft.-tall panda is offered to stockists for display purposes at 45s 6d.) Till January 31,

ARTER BROS., Glen Laboratories, Shipley, Ws. Home-brewing hydrometer in return required number of tokens from home-brew

VER-READY PERSONNA Co., 6 Upper St. tin's Lane, London, W.C.2. Miniature



blade "frozen" in Perspex attached to key ring free with five Super Stainless blades.

### Discontinued

OX-CONTINENTAL, LTD., 85 Church Road, Sussex BN3 2BH. Fluscorbin tablets, of eighteen (dispensing pack of 250 contents available).

PHILLIPS SCOTT & TURNER CO., St. Mark's Surbiton, Surrey. Andrews Liver Salt (oz. size).

YXSON, GERRARD & Co., LTD., Fountain Oldbury, Warley, Worcs. Cellanband Unna's paste bandage.

DERLE LABORATORIES, division of Cyanamid Great Britain, Ltd., Bush House, Aldwych, London, W.C.2. Aureomycin capsules, 1,000's; Folvron tablets, 1,000's.

IZER, LTD., Sandwich, Kent. Cortril topical greasy 2½ per cent.; 5 gm. Cortril topical ointment 1 per cent., 5 gm. and Prednisone tablets 100 mg. bottle of 100.

HERING CHEMICALS, LTD., pharmaceutical Victoria Way, Burgess Hill, Sussex. Cur tablets (500 and 1,000) and ointment (50 gm.); Primodian tablets (500); Primogyn (100 mgm. (twenty 1-mil); Primoteston (100 mgm. (twenty 1-mil); SH 420 (thirty and 1,000); and, (as stocks exhausted) Allercur ampoules (three and 1-mil) and Flurymal pessaries (6's and 12's). WANDER, LTD., King's Langley, Herts, 8LJ. Novesine solution. 20-mil. pack.

ARD, BLENKINSOP & Co., LTD., Fulton, Empire Way, Wembley, Middlesex. vite. Penotrane and Viacutan solutions. ducts continue to be available in all other parts of the country.



**QUESTS FOR WINNER AND SUPPLIER:** Julie Roy, Portadown, co. Armagh, Northern Ireland, with the £1,500 she won taking first place in the national "Once in a Toni" competition arranged by the Toni Co., 101 Syon Lane, Isleworth, Middlesex, with Mr. N. A. J. Anderson, Church of St. Peter, Portadown, who received a £150 cheque from the supplier, Mr. Jim Reddick (the company's financial account supervisor, Northern Ireland) presented the cheques at a dinner given in their honour at Lisburn, co. Armagh.

## NEW PRODUCTS AND PACKS

### PHARMACEUTICAL SPECIALITIES

**Maintenance Treatment in Psychotic Patients.**—Modecate, an oily injection, contains in each mil 25 mgm. of fluphenazine decanoate in a sesame-oil vehicle, is by E. R. Squibb & Sons, Ltd., Regal House, London Road, Twickenham, Middlesex. The product is issued in packs of five ampoules of 0.5 mil of five disposable syringes each containing 1 mil, and in 10-mil vial.

**Suppositories and Ointment.**—Two new specialities which the pharmaceuticals division of Imperial Chemical Industries, Ltd., Alderley House, Alderley Park, Macclesfield, Ches, are launching on December 9 both contain 0.025 per cent. fluocinolone acetonide and clioquinol. Synalar gelatin suppositories also contain hamamelis. They are wax-coated and presented in foil-backed bubble pack of twelve (8s. 6d.). Synalar anal ointment is presented in 15-gm. tube with cannula.

**Delayed-release Lithium.**—New Priadel brand controlled-release lithium carbonate 400-mgm. tablets have been produced by Delandale Laboratories, Ltd., 37 Old Dover Road, Canterbury, Kent, to give stabilised symptomatic control of mania. The tablets are also claimed effective in preventing recur-



**NEW PACKS FOR A DENTURE CLEANER:** New formula pink Steradent by Reckitt & Sons, Ltd., Hull.

rent maniac incidents and preventing cyclical depressive states. They should not be given to patients with renal or heart failure, Addison's disease or conditions liable to disturb sodium balance. Pack is a container of 100.

### COSMETICS AND TOILETRIES

**In Time for Christmas.**—Supplies of Nine Flags thermal shaving foam (49s 6d.) are being rushed through from the United States by the Colton Co., 101 Syon Lane, Isleworth, Middlesex, to meet Christmas orders in this country. Luxuriously packaged in a polished aluminium container modelled from the Gemini space capsule, the product is designed as an exclusive gift for the man who "has everything." Five seconds out of the container, Nine Flags thermal shaving foam starts turning hot, in 15 secs. is about as hot as a barber's hot towel. It warms and softens the beard, saves lathering time and reduces "razor drag."

**Pack Redesigned.**—Body Mist deodorant aerosol (5s. 3d.) and squeeze packs have been redesigned by the manufacturers, Beecham Products



**PACK AND FORMULA IMPROVED:** With new packaging and an improved formula, Body Mist aerosol and squeeze packs of Beecham Toiletry's Division, Brentford, Middlesex, now offer consumers 33 per cent. better value.

(U.K.), Ltd., Great West Road, Brentford, Middlesex, "to give them modern cosmetic appeal and added display impact at the point of sale." The surface design has been changed on both types of pack, using pastel colours, and the new packs link spray and aerosol for the first time in the same design concept. The new squeeze pack (4s. 2d.) contains 32 c.c. (in place of the 24-c.c. and 55-c.c. packs) is at the price of the old 24-c.c. pack. Formulation now contains more deodorant ingredient.



**IN NEW GUISE:** Gem Instant Mist Shampoo aerosol of R. Demuth, Ltd., Bear Lane, Farnham, Surrey.



## PRODUCTS USED ON THE SKIN

### Cosmetic chemists consider practical problems

"THE ideal preservative [for skin products] remains to be discovered," said Mr. G. SYKES (Boots Pure Drug Co., Ltd., Nottingham) when presenting the final paper at the symposium on "Skin" arranged by the Society of Cosmetic Chemists of Great Britain and held at Eastbourne, Sussex, recently. The paper, "The Preservation of Preparations for Application to the Skin," which Mr. Sykes had prepared jointly with Mr. R. Smart, dealt with the resources and commonest types of microbial contaminants in cosmetic preparations. It drew attention to the importance of "good housekeeping" during manufacture, and of using ingredients that were microbiologically as clean as possible. The paper also discussed preservatives, including formaldehyde, phenylmercuric salts, the esters of *p*-hydroxybenzoic acid, the quaternary compounds and Bronopol.

#### Controlling Contamination

By controlling the level of initial contamination in preparations, said the speaker, there was a better opportunity for the preservative to deal with subsequent contaminants. During later discussion Mr. Sykes criticised proposals by the Swedish health authorities that pharmaceutical preparations should contain not more than 100 organs per gm. That standard, he suggested, was impossible to attain except at phenomenal expense. He compared a laboratory test comprising challenge by standard and selective strains with field-type tests, in which the product was exposed under practical conditions, then stored and tested.

MR. N. J. VAN ABBE (Beecham Products (U.K.), Ltd.) applauded Mr. Sykes's criticism of the Swedish proposals, but doubted whether the same standards needed to be applied to cosmetic products as those used in pharmaceutical industry, where a user's state of health was impaired.

DR. A. R. LONGWORTH (I.C.I., Ltd.) thought the search for an ideal preservative was unlikely to succeed. It was essential to relate the preservative to the particular system existing in the preparation under discussion. Another questioner was told by Mr. SYKES that Bronopol was widely used in the pharmaceutical and the cosmetic industry. It was stable in acid solutions, when it could be used alone; in alkaline solutions it sometimes needed support. In eye preparations of low pH value Bronopol had been used a little in hospital practice, said Mr. Sykes, but the question of irritation had not been resolved, and the makers had not proceeded with that application.

MR. R. HALL (I.C.I., Ltd.) elaborating his paper "Skin Germicides: How Much More Effective?", suggested that the wide and successful use of hexachlorophane indicated that much more success was likely from research into the effects of vehicles used in preparations than from trying to discover new antibacterials. His view was challenged by a number of speakers including Mr. A. G. MCGEE (Beecham Products, Ltd.),

who said it was wrong to leave the impression that everything was satisfactory. There should be a constant search for more effective products.

Presenting a paper on "Changing Pattern of Topical Dermatological Therapy," MR. J. W. HADGRAFT (Royal Free Hospital, London) analysed prescriptions written in 1951, 1957 and 1967 for patients suffering from a number of common skin diseases. Most important single factor influencing the pattern of prescribing in dermatology had been the introduction of the corticosteroids, which in 1967 were included in over 50 per cent. of the prescriptions given for the treatment of eczema. Use of dyestuffs and coal tar had declined. In an analysis of the prescriptions for patients suffering from psoriasis, corticosteroids again accounted for 50 per cent., though coal tar and dithranol were still used, being present in 6 and 22 per cent. respectively of the prescriptions analysed in 1967. Sulphur and resorcinol appeared to be used as frequently today as in 1951, accounting for 54 and 25 per cent. of prescriptions respectively. Hexachlorophane, not used in 1951 or 1957, appeared in 1967 in 20 per cent. of prescriptions, while 75 per cent. of 1967 prescriptions for the treatment of impetigo included antibiotics.

OCCLUSIVITY OF VEHICLES RANKED IN TERMS OF DEGREE OF SUPPRESSION OF TRANSEPIDERMAL WATER DIFFUSION

Vehicle	No. of experiments	Complete suppression	Partial suppression	No. suppression
Soft white paraffin	14	9	5	0
Soft white paraffin + 5 per cent. propylene glycol	5	3	1	1
Ung. emulsificans BP	9	0	4	5
Compound zinc paste	7	0	5	2
Anhydrous lanolin	4	0	0	4
Ung. alc. lanae	11	0	0	11
Polyethylene glycol 1500	3	0	0	3

Dyes, phenol and mercury salts, widely used in 1951, were no longer prescribed by hospital doctors.

The investigation had indicated a general trend towards using fewer medicaments with a greater specificity of action. There was a greater realisation that the vehicle as well as the medicament could play an important part on a preparation's effectiveness. He told MR. VAN ABBE, who asked if the patient had benefited from the change in therapy, or whether it was just fashion, and whether the figures related to in- or to out-patients, that his examinations had been almost exclusively on out-patient records. His impression had been that they were out-patients "who did not come back." DR. C. F. H. VICKERS (university department of dermatology, Liverpool Royal Infirmary) thought that, if Mr. Hadgraft had been looking at the position in three or four Northern centres, there might have been striking differences in his findings. His impression was that more crude coal tar was in use in treating eczema than Mr. Hadgraft had reported whilst in psoriasis, coal tar and dithranol would "top the bill." MR. HADGRAFT

admitted that changes in therapy might result from changes in staff. He made an appeal that hospital pharmacists and the industry should get together and consider the situation in which hospitals and pharmacists had to dilute preparations required in dermatology without knowledge of the formula of the vehicles.

MR. C. W. BARRETT (chief pharmacist, London Hospital, E.1) had earlier delivered a paper on "Skin Penetration." In it he reviewed pathways and mechanisms of penetration and factors that influenced percutaneous absorption. The use of excised skin in diffusion cells had enabled quantitative data to be collected. It was necessary to elucidate at the molecular level how the skin kept many invading chemicals away. Information on the influence of vehicles on skin penetration was sparse and often contradictory, and there was considerable scope for developing vehicles that would enable the drug to reach the site of action rapidly and maintain a concentration for the required length of time.

DR. H. BAKER (Institute of Dermatology, St. John's Hospital), in "Experimental Studies on the Influence of Vehicles on Percutaneous Absorption" gave the following results of assessing the occlusivity of a number of vehicles by measuring their ability to suppress transepidermal water loss:—

Asked by DR. J. J. MAUSNER (Helena Rubinstein, Ltd.) to comment on the results obtained with lanolin, and whether the presence of water would alter or may be reverse, the findings DR. BAKER agreed that there might be some changes, but said he could not conceive that they would be reversed. He recognised that lanolin had in the past been considered occlusive but was surprised how little that property could be demonstrated.

### Toilet Preparations

#### LOWER SALES ON HOME MARKET

MANUFACTURERS' total sales of toilet preparations at current prices in the third quarter of the year at nearly £31.4 million were £0.6m. lower than in the corresponding quarter of 1967, according to the Board of Trade's *Business Monitor*. Total home sales at £29.9m. were down 4 per cent. while dental preparations at £3.2m. and toilet waters at £2.9m. showed decreases of 9 and 7 per cent. respectively. Hair preparations to retailers went up by 12 per cent. Toilet preparations exported during the quarter at £4.48m. were up by 15 per cent.





# C&D

## CHEMIST AND DRUGGIST

For Retailer, Wholesaler and Manufacturer

ESTABLISHED 1859

Published weekly at

28 Essex Street, Strand, London, W.C.2

TELEPHONE: 01-353 6565

### usory Safeguard — and the Answer

AT the British Medical Association hopes to achieve one of its recommendations for voluntary control of amphetamine preparations (see p. 523) it is hard to understand. They make the suggestion that manufacturers, pharmacists, nurses and doctors should voluntarily take the same precautions, and keep the same records, as they are required to do for drugs covered by Part 1 of the Schedule of the Dangerous Drugs Act, 1953. General-practice pharmacists in particular will see the B.M.A.'s proposal as an attempt to pass on to other professions some of the responsibility for a situation for which the prescribing doctor is almost entirely to blame. The B.M.A.'s own working party concluded that amphetamines and amphetamine-like compounds are "drugs with a limited use in therapeutics." Yet those who sell them from their dispensary shelves in large numbers as to testify to the fact that a high proportion of prescribers continually prescribe them. Almost all misused amphetamines have been either prescribed or stolen. Neither prescribing nor theft is likely to be curtailed, we would suggest, by recording on the part of the pharmacist. If the object is to be able to censure the doctor who prescribes them too freely, then it should be remembered that, so far as amphetamine prescriptions are concerned, records are already required to be kept by the pharmacist in the Poisons Register, while National Health Service prescriptions are for a period available for scrutiny — should that be deemed necessary — in "doctor order." So far as taking precautions to protect the drugs against theft is concerned, there is little the pharmacy-owner can do against the determined thief.

The working party recognised only three groups of patients for whom the prescribing of amphetamine might be acceptable: those — few in number — for whose medical conditions one of the preparations would appear to be the drug of choice; those who do not respond to, or cannot take, alternative preparations, but who appear to benefit by taking the relevant drug; and individuals using the drug who, denied further supplies, would resort to illegal supplies or experiment with preparations covered by the regulations.

On that advice, surely, the medical profession has the correct solution to the problem. Were the amount of amphetamine prescribed to dwindle to a negligible level there would be no large stocks to be stolen, no "surplus" to be peddled — and therefore no need to require pharmacists to keep additional records of each transaction. The necessary control lies with the doctors.

### Zuckerman and the Hospital Pharmacist

THE Zuckerman Committee on the Hospital Scientific and Technical Services proposes (p. 526) that a Hospital Scientific Service should be set up within the existing National Health Service organisation, but is not quite sure whether pharmacy should be brought within its ambit. "Pharmacists and pharmacy technicians," says the report, "might be appropriate for inclusion after discussion with the profession." On the other hand the Committee has no doubt about the need to include "graduates (medical and non-medical) specialising in drugs in order to advise clinicians." Clearly there is no intention that pharmacists should be given a monopoly in that field.

The proposal for the appointment of a "Regional Scientist (medical or non-medical) to be responsible for advising the Board on the planning of the scientific services in consultation with the Senior Administrative Medical Officer" may well cause hospital pharmacists to share some of the Committee's doubts about the inclusion of pharmacy within the Hospital Scientific Service. To do so would almost inevitably bring the hospital pharmaceutical service under the direction and control of a non-pharmacist, a development that would almost certainly meet with strong resistance.

Nevertheless, because the Committee has clearly recognised the need to give non-medically qualified graduates equality of opportunity with their medically qualified colleagues, hospital pharmacists would do well to think carefully before deciding to opt out of the proposed new service, bearing in mind, of course, the possibility that they may be excluded anyway.

As yet there is no indication of the nature of the matters "for discussion with the profession" before the pharmacist can be invited to participate, but it could well be that he will be required to define the area in which he claims to be a specialist. He may, for instance, be asked to decide whether he is a scientist or an administrator, a decision that many hospital pharmacists would find extremely difficult to make.

It goes without saying that the discussions, when they do take place, will call for a high degree of statesmanship on the part of those who speak for hospital pharmacy. Exclusion from the Hospital Scientific Service could easily relegate the rôle of the pharmacist to that of a storekeeper and put an end to his ambition to obtain recognition as the hospital's expert on drugs. Conversely, inclusion would almost certainly impose some severe limitations on his activities and bring him into open competition with graduates in other scientific disciplines.

One thing, however, seems certain. No pharmacist is likely to be prevented from obtaining employment in the Hospital Scientific Service simply because he is a pharmacist. There would be nothing to prevent him from joining the team "specialising in drugs and their effects," but he would be given the post, not because he was a registered pharmacist but because he was thought to be the best qualified candidate.

Acceptance of the Zuckerman Committee's recommendations would undoubtedly herald the dawn of a new era for scientific and technical staff who came within the scope of the proposed new service. For the pharmacist it may mean making a difficult and perhaps painful decision; and on what he decides may depend the future of hospital pharmacy for a long time.



## Overseas Trade in Pharmaceuticals

UNITED Kingdom exports of pharmaceutical products during October amounted to just over £7 million being almost identical with the value shipped in the previous month. With the addition of medicated and non medicated dressings the total (as attributed to division 54 of the Overseas Trade Accounts) (H.M. Stationery Office 30s), was a little over £7½ million. The various items contributing to the second total together with a few pharmaceutical chemicals from another division are given in the accompanying table.

The largest single market for pharmaceutical products

during the month was France which took £449,000 worth. Consistently among the top customers for British pharmaceutical exports that position may soon change as a result of recent measures taken by France to curtail all imports. Next largest customer was the Irish Republic with £417,000 followed by Japan (£377,000), Australia (£365,000); Sweden (£311,000) and the United States (£307,000).

Imports during October at £1.7 million continued to be at a high level. The United States sent medical products to the value of £350,000 while Switzerland (£245,000) and Western Germany were the next large suppliers.

EXPORTS	£'000		£'000		£'000
Vitamins, bulk	202	Organotherapeutic glands, etc.,		Sulphonamides, bulk	
" products	70	bulk products	26	" tablets	
Antibiotics			13	" other products	
penicillin, bulk	227	Sera and vaccines	227	Proprietary medicines	1,77
" products	688	Aspirin, bulk	50	Unclassified medicines	1,31
other antibiotics, bulk	320	" products	28	IMPORTS	
" products	811	Antihistamine products	89	Vitamins	16
Alkaloids, bulk	207	Antipaludic products	87	Antibiotics	48
" products	22	Barbiturates, bulk	34	Alkaloids	9
Hormones, bulk	51	" products	32	Glycosides, glands, sera, vaccines	9
" products	650	Ointments, liniments	80	Proprietary and veterinary medicines	57
Glycosides	23	Surgical dressings	473	All other	32

## Pharmaceutical Society of Northern Ireland

### MONTHLY MEETING OF COUNCIL

THE Council of the Pharmaceutical Society of Northern Ireland considered, at its monthly meeting in Belfast on November 21, how the Society should approach the Industrial Training Act. The secretary (MR. WILLIAM GORMAN) reported that, on the invitation of the Ministry of Health and Social Service, he and Mr. J. Kerr (vice-president) had attended a discussion on the Act and its implications. The discussion had covered the whole of industrial training, and both were of the opinion it would be worth while for the Society to send representatives to keep in touch with what was going on.

#### A Reason for Caution

MR. R. G. MACAULEY agreed but urged caution. There was a conflict, he said, between the professional and trading aspects. MR. W. DONALDSON felt the Council should keep clear of the whole thing, but MR. KERR pointed out that, if the aims of the Board were achieved, chemists' retail trade would be benefited. It was agreed to leave the matter in the hands of the secretary and Mr. Kerr.

Presenting the report of the Education Committee, MR. A. N. MORRISON said that a great deal of thought had gone into the question of training students in hospital pharmacies, but further discussions would be needed with the Hospitals Authority.

#### Lectures for Members

The Council, on the proposal of MR. KERR, adopted recommendations from its General Purposes Committee that the Education Committee should look at the question of arranging lectures for members of the Society; and that secretaries of each of the seven district branches be invited to meet the members of the Committee in Belfast. MR. GORMAN said the General Purpose Committee had some suggestions to put to the secretaries and hoped the secretaries would reciprocate. The Council also accepted that, since the office staff had been increased, Council members should receive additional information about the activities of committees, which met before the Council meeting.

MR. MORRISON recommended holding a series of lectures

for pharmacists on pharmacology and therapeutics at the Belfast College of Technology between January and March 1969 (see p. 524). If the pharmacist should have to act as an adviser to the general public, the lectures would, he said, be extremely desirable. MR. DONALDSON suggested that a *précis* of the lectures should be published in book form for sale to pharmacists unable to attend the lectures.

A letter from Professor O. L. Wade invited the Council to arrange a date early in the New Year for his lecture on "Adverse Reaction to Drugs." January 9, 1969 was agreed upon as a suitable date.

#### Presentation to Retiring Treasurer

A presentation was made to MR. R. M. WATSON, who recently retired from the Council of which he had been a member for twelve years and treasurer for ten. The PRESIDENT recalled that Mr. Watson was the last Registered Druggist to serve on the Council. Though it was not customary to make a presentation to a retiring member, an exception was being made on this occasion. The president then formally handed over to Mr. Watson a Black & Decker electric drill. Acknowledging the gift, Mr. Watson said he had pharmacy at heart. In his young days there had been long hours, no half-holiday, and poor pay. Because of those conditions he had become disheartened and had gone over to wholesale — the "greatest mistake he had ever made." "But at that time," he added, "I did not know that you were going to the promised land." Tribute was also paid to Mr. Watson by MR. H. BOYD and the secretary.

Apologies for absence were received from Professor O. L. Wade and Messrs. H. W. Gamble, J. Paul, J. D. Pollock and N. A. J. Anderson.

### ECHOES OF THE PAST

#### A BURNING FEVER

From "PRIMITIVE PHYSICK," by John Wesley, 1777.  
STAMP a Handful of Leaves of Wood-bind; put fair Water to it, and use it cold a Clyster. It commonly cures in an Hour. Or, smear the Wrists, five or six Inches long with warm Treacle, and cover it with brown Paper



# “OPEN SHOP”

an unscripted commentary on the special problems of the pharmacist in general practice

By E. C. TENNER

WE had discussed the matter for over an hour, and I feel that I served some purpose, if only that of providing a neutral but also—and here perhaps I enter myself—reasonably well informed audience. There be little doubt that, when assailed by some of the big problems of our lives, it is a great help to be able to discuss them with a comparative stranger who has no personal axe to grind in the matter. At the end of the talk he said “Well, it really amounts to this. Two or three years ago the business and property might well have been worth £10,000, now it is worth only the value of the shack, and that will not be much unless I move and take it with me. When the doctors have gone, what is left would not possibly provide a living for one of the girl assistants, let alone myself and the other staff.” That is an actual example of the problem which many of our colleagues will have to face during the coming years as the health-centre programme gathers pace, and basically it is a great injustice. If this man’s living had been taken away by road widening, or something of that nature, it is probable that he would have been entitled to, and would have received, reasonable compensation from the local authority. Because this same local authority has seen fit to build a health centre for the doctors and has removed the pharmacist’s living just as surely as if they had devalued his property, they do not owe him any compensation! That may be the law, but it is a bad, bad law. Would it be that pharmacy has failed in its duty by not handing some form of compensation in such cases? Of course, the fact that it has itself caused the trouble will prevent the same local authority from making the most violent protests when they suddenly discover that a large part of their area has no longer any pharmaceutical service. However, the main problem now is to get our League, who has given this particular town nearly twenty years of good service, re-established near the health centre before some interloper learns of the position and moves in. If ever there was an example of the necessity for limitation of either pharmacies or contracts, this is it. There can be no argument that the Committee for the Planned Distribution of Pharmacies is at the moment far away from the most important aspect of the Pharmaceutical Society’s work and must be given precedence over everything else.

## Matter of Security

Recently I, and I understand other pharmacists in my area, were visited by a member of the local police force to discuss the matter of security. I have also attended a recent local branch meeting, at which a member of the Council gave some preliminary details of what the Home Office may be considering regarding the security-of-drugs problem. I had a long and interesting talk with the police official, whom I found to be well informed and most fair and reasonable in his outlook. He rapidly appreciated the immense difference between our drug security problem and that of, for example, a jeweller: that whilst it was reasonable to expect the jeweller to expend a considerable sum of his own money to safeguard a stock of jewellery possibly amounting to several or even many £s thousands it was not logical to expect a pharmacist to lay out a similar sum to protect drugs of which the value to him was little—certainly in no way comparable to that of jewellery. One thing is certain. It is that, if the Society and the National Pharmaceutical Union are not careful in this matter, we may find ourselves saddled with a large outlay of our money and a large wastage of our time in protecting things which to us are comparatively worthless. Let us bring every possible pressure to bear to ensure that, if the Home

Office wish us to convert our premises into strongrooms, it shall be done by direct subsidy from State funds. I have previously suggested that this drug problem is directly due to the tremendous free publicity which the Government has allowed. It is only justice that, having caused the trouble, the same Government should pay for this part of the solution. Our leaders must also be ready to oppose any suggestions of unreasonable record-keeping for these drugs, and must make certain that any reasonable records are fairly paid for by a suitable fee.

Mr. Kerr, speaking at the recent conference of Pharmaceutical Committee representatives, suggested that it would be no bad thing if we gave some time and thought to developing new lines of argument regarding N.H.S. remuneration. I pondered on this last Sunday evening as I turned out to deliver oxygen. It seemed to me that jobs such as that, and indeed probably most of the after-hours urgent work, are undertaken by proprietors. If this is correct, could we sustain a case for some form of availability allowance to be incorporated in the notional salary calculations? I note that the police surgeons are putting forward an argument on somewhat similar lines. Evidence to sustain the argument might take some trouble to obtain, but perhaps the Central N.H.S. Committee could consider the suggestion.

## Drug Share Movements

THE depressing national trade figures for October cut back the degree of buying activity in the share market. Earlier there had been renewed support for industrial equity shares and prices had made further headway. Fears were generated that the Government would need to tighten still further the credit squeeze.

Movements in pharmaceutical shares during recent weeks have been mixed. Among those to gain ground Glaxo were prominent. Though they dropped at one time to 77s. 6d., buying was renewed in anticipation of the group’s results for the year, which sent the price up to 85s. 6d. Aspro-Nicholas had their admirers and in a thin market the price advanced 2s. 3d. to 40s. 6d. Smith & Nephew attracted support and, with jobbers short of them, the price moved ahead to 24s 4½d. — a rise of 1s. 4½d.

Fisons stood at around 57s. 6d. immediately ahead of the results and the price was hoisted to around 61s. immediately after. There was a little subsequent profit-taking and with fresh support lacking the price reacted to 56s., leaving them with a net gain of threepence.

Reckitt & Colman were wanted, some of the buying being on investment account, and the price advanced 2s. 3d. at 58s. 3d. The results given out by the Beecham boardroom are always eagerly awaited by Throgmorton Street, and the set for the first-half of the current year were no exception. When the half-time results were announced there was hesitancy in the share price movement; an immediate decline to around 44s. 3d. rallied to 45s. 3d., and dropped again, closing at 43s. 3d., a net rise of sixpence compared with a month ago.

Sanitas Trust at 15s. added one shilling on satisfaction with the interim statement, with net profit up to £339,000 against £274,000 in the corresponding period the previous year. Macarthy’s Pharmaceuticals were bought and in a thin market the price improved one shilling to 18s. Boots Pure Drug, on the other hand, were easier on disappointment with the half-time figures; there had been hopes that pre-tax profits would be larger than the £7.4 million (against £7.3 million) reported. Valued at around 29s. 3d. before the news the price declined sharply to 26s. 9d. immediately afterwards partially recovering later to around 27s. 6d.



# A New Industry for the North-east

## BLADE MANUFACTURER PRAISED FOR ENTERPRISE

A GREAT act of courage, managerial enterprise and intelligence had been displayed by the board of Wilkinson Sword, Ltd., during their tremendous research and export activities, said LORD ROBENS when he officially opened a new extension of the company's razor-blade production activities at Cramlington New Town, near Newcastle-on-Tyne, Northumberland, on November 29. The extension increases the production floor area from 40,000 to 60,000 sq. ft. and is now fully operational.

### Sharp Annual Increases

Expansion of the facilities was the culmination of a three-year period with successive annual production increases of 100, 300 and 150 per cent., respectively, no less than 60 per cent. of production being required to meet export orders. Lord Robens was invited to perform the ceremony because about 65 per cent. of the male employees at the factory are ex-Coal Board employees. Transferring the men from the mining industry into skilled and semi-skilled jobs on the Wilkinson Sword razor-blade production lines has proved extremely successful. The ex-miners' adaptability in learning new skills and training for other jobs has made possible a far-reaching productivity agreement between trade unions and the company. Details of the agreement were revealed by MR. ROY RANDOLPH (deputy chairman, Wilkinson Sword, Ltd.) when he introduced Lord Robens at the opening ceremony.

The agreement provides for a 50/50 sharing between management and employees of savings made through new flexible working arrangements. The

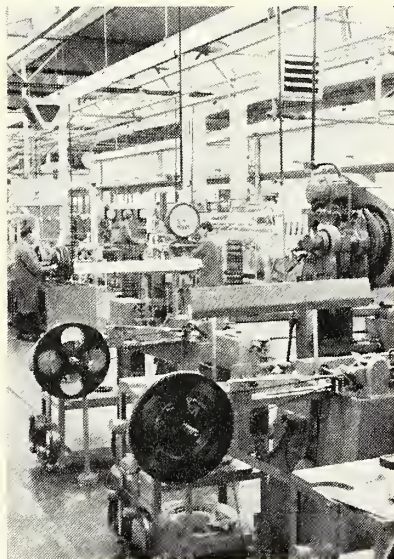


Part of the wrapping and packing section in the new extension at the Wilkinson Sword Cramlington razor-blade factory. The extension was opened by Lord Robens (chairman of the National Coal Board) on November 29.

productivity scheme depends upon all employees being willing to train for different types of job and being prepared to switch jobs during the course of a normal working week. That has enabled the company to achieve a high rate of productivity. The company's dedication to planned growth has made it possible that members of the staff are unlikely to become redundant by the introduction of more efficient production methods.

Lord Robens opened the new extension of the factory by unveiling a plaque engraved in stainless steel. He

was in turn presented with a specially designed poignard with a record of the occasion engraved upon it, together with his name. Lord Robens later toured the factory and met a number of men who had been employed as miners in the area. A further extension to the Cramlington premises is in hand as well as a new warehouse building that is in course of construction and expected to be completed before the end of the year. A new canteen block and medical centre are scheduled for erection and completion early next year.



Initial process in the production of Wilkinson Sword Super Sword-Edge stainless-steel blades at the company's Cramlington factory, Newcastle upon Tyne, is stamping out the blades in strip form (foreground) which is followed by heat treatment in the closely controlled ovens which can be seen in the background.

## WORLD TRADE

**Iranian Agreement with Pakistan.**—Iran has agreed in principle to waive the formalities for prior registration of medicines imported from Pakistan. Iranian importers have been invited to visit Pakistan and inspect her pharmaceutical factories to remove any erroneous impression that Pakistani products were not up to required standard.

**Dutch Pharmaceutical Sales Up.**—The pharmaceutical industry in Holland has developed over recent years and is now one of the biggest suppliers of those products on the world market. Sales in the past three years have been:

	1965	1966	1967
	(in millions of guilders)		
Home	192.0	212.5	229.3
Abroad	278.0	321.6	353.0

The 1967 total sales were accounted

for by 77 concerns which employed over 9,000 persons at the close of the year. According to data from the Organisation for Economic Co-operation and Development (O.E.C.D.), the consumption of pharmaceuticals per head of the population is lower in Holland than in other industrialised countries. On the basis of the industry's selling prices, 32.70 guilders (75s) per head of the population was spent on pharmaceuticals in Holland in 1966.

**Production Difficulties in India.**—Speaking recently of the problems facing units of the Soviet-aided Indian Drugs and Pharmaceuticals, Ltd., Mr K. Raghuramiah (Indian Minister of State for Petroleum Chemicals) said the antibiotics plant was encountering difficulties in obtaining penicillin and streptomycin free of particles.



# Training Staff for D Day

*Now is the time to think about it*

H. G. SLEOMERE

(Manager, Decimalisation Information, National Cash Register Co., Ltd.)



If businessmen do not train their staff to ensure a smooth changeover from £s.d. to decimal they could find themselves losing, almost overnight, the confidence of customers and employees that has taken years to cumulate.

In Australia, New Zealand and South Africa — all countries that have decimalised their currencies in the past few years — one indisputable fact that emerged was that organisations which tackled their decimalisation problems sensibly and largely that meant training staff sufficiently beforehand) and their efforts rewarded with an immeasurable amount of goodwill. Inadequate staff training can, of course, as well as annoying customers, also lead to considerable financial losses.

It is essential to realise at once that worth-while training will cost money and take up the time of senior executives. But the costs of inaction are likely to be considerably more. Though decimalisation will not affect everyone in a company to the same extent, management should assume that anyone who handles cash, fills in dockets or even talks out money will need complete basic decimal instruction. Training programmes may not begin to operate until a few weeks before D Day but they should certainly be compiled in the very near future.

The first task is to analyse the different jobs within the company and classify employees concerned according to their involvement and the amount of training they will need. In larger companies that sort of operation should be performed by a decimalisation committee — preferably with the company's chief accountant or company secretary presiding. Decimalisation will involve a major overhaul of every counting procedure in use by the company: for the top "money" man not to be deeply involved would indeed be ludicrous.

## Just as Serious for the "Small" Man

However, even businessmen running small businesses should take decimalisation just as seriously. If they don't — as did what happened in Australia and New Zealand is any criterion — they will find themselves losing out to the big battalions in 1971.

The following list has been devised, therefore, to cover most aspects of business operations in which training will have to be given. It cannot, of course, be considered comprehensive:

1. Basic training and general introduction to the new currency. Staff must know the relationship between £s.d. and £p: the compatible and the non-compatible amounts.
2. Staff must be trained in the conversion of one currency to another. By D Day they should be "bilingual" — able to convert £s.d. to £p and £p to £s.d. almost without thinking.
3. Training must be given in decimal arithmetic: addition, multiplication, subtraction and division.
4. The correct way of writing amounts in the new currency must be known by everyone.
5. Training in cash handling techniques and change-giving is of paramount importance to retailers.
6. Customers' problems and likely complaints during the

change-over period should be anticipated, and staff told how to deal with them.

7. Training will be needed in the use of new machines — cash registers, accounting machines, scales and many other items of equipment.
8. Most accounting procedures will be affected by decimalisation; staffs will need to be told well in advance about the changes and trained accordingly.
9. Price conversion and price marking will need careful attention.

After D Day there will be a change-over period of anything up to eighteen months when two coinages will be circulating. As one new penny = 2.4d. there are no exact bronze coin equivalents, and that is bound to cause problems for anyone who takes cash from the public.

## One Currency Only

However, the Decimal Currency Board will advise shops to trade in one currency only and to describe themselves as either "£s.d. shops" or "decimal shops." Criterion for that decision will be the currency in which their cash registers are functioning. What that means is that, although both coinages will be gratefully accepted by both categories of shop, bronze coin change will be given only in the currency corresponding to the shop "description."

Another likelihood—something that could be backed up by Government legislation — is that retailers will only have to accept in multiples of 6d. or 2½p.—the lowest amount in which both coinages are interchangeable — the coinage in which they are *not* trading.

Provided retailers base their change-giving sessions on those principles, they may discover — to their surprise! — the change-over could proceed smoothly. Obviously, though, a good deal of concentrated training will first be needed.

Mistakes in carrying-over, and the resultant loss of money and goodwill, will be only too easy, as the following bit of simple addition indicates:

·62½p  
·57 p  
·09 p  
·39½p  
·11 p  
·56 p  
·30½p

???

Anyone who thinks the answer is 1.65½p — and a quick test showed an awful lot of people do — is exactly £1 out. Very easy to forget that with the new system you carry over in tens not twenties to make a £.

Another example: a customer buys something for 3p and offers a shilling. The habits of a lifetime dictate 9d. change but 3p = 7d and thus the correct change is 2p.

Business organisations differ in size to such an extent that it is impossible to describe a training scheme applicable to every firm in the country. But the first ingredient is to decide who will do the training, and it is worth remembering that even trainers need training!

To support lectures, training aids must be provided. They



should include:

- (a) decimal conversion charts
- (a) dummy decimal money
- (c) quiz cards
- (d) coin cards showing old and new coins and equivalent values
- (e) training booklets/manuals
- (f) lecture programme instructions
- (g) training schedules
- (h) a register to control staff training.

A lot of these can be obtained from machine manufacturers. NCR, for example, supply not only a variety of charts, dummy coins and "literature," but also have available film strip decimal films that can be hired *gratis*.

The presentations should be designed to incorporate the maximum amount of audience participation, and practical exercises are of paramount importance. A useful maxim, impressed on students in teachers' training colleges nowadays, is "Proceed only from the known to the unknown." Another useful tip is "Teach, test, reteach." In other words lecture, test and then lecture again on the same subject until everybody is ready to move on to the next step.

Whilst preparing a schedule of lectures it is important to remember that few companies—certainly in retailing—will be able to go decimal on D Day; there are just not enough technicians in the country to change over every business machine in the country on the night of February 14/15, 1971. Thus for some time after the day on which the £ officially equals 100, instead of the traditional 240, pence, firms will be doing nearly all their "thinking" in £s.d., though staff will still have to know all about decimal money. The day a firm changes over might be referred to as X Day, and the training schedule should be based on that indefinite date—rather in the way war-time plans were mapped out so that they could begin to operate on practically any day.

The size of classes is an important point to consider and, with the degree of "student" involvement that is needed, the smaller they are the better.

A large multiple store in Australia carried out a most successful training scheme based on the following plan.

No. of Permanent staff	No. in class	No. of weeks to train
20	4/5	4/5
25	5	5
35	6	6
45	6/7	7/8
85	10	8/9
150	10 (two groups of 10 training simultaneously)	7/8
400	12 (two groups of four classes per day)	8/9

Training should, of course, be given when staff are likely to be at their brightest, and certainly not at the end of an exhausting day.

Drawing up a training time-table will be one of the first tasks of a firm's "decimalisation committee" or of any other body or person to whom the task has been allotted.

## Suggested Time-table

Such a time-table could be something like the following, and it is worth remembering that, though smaller firms may need less training material, they won't necessarily need a chronologically shorter schedule:

NOW: Set up decimal currency committee to review who is to be trained, how and when.

JANUARY 1969: Committee issues all sections an outline of training proposals for departmental comments and amendments.

APRIL/MAY 1969: Commence preparation of staff training lectures, booklets, visual aids, charts, money, etc.

JANUARY 1970: Print rough copies of staff lectures and run trial class to test the lectures and improve them.



Decimalisation training aids and information currently available from N.C.R. include conversion charts for the wall, pocket or placing on accounting machines and cash registers; full-colour, loan-free, "talkie" film strips; actual-size dummy decimal coins made from hardwearing plastic; a 64-p. "Deciguide" for businessmen; and an assortment of training literature, including coin-recognition cards and reports highlighting the latest information available on the 1971 change-over. Applications should be made to the company's Decimalisation Information Manager at 206 Marylebone Road, London, N.W.1.

MAY/JUNE 1970: Commence regular issue of bulletins and posters. Put conversion charts on display. Carry out thorough review of all decimalisation plans. Impress on staff the importance of preparation for the change-over.

JUNE/JULY 1970: Intensive course for all decimal training teams, departmental managers, branch managers, etc., who will subsequently be concerned with the training of their own staff.

OCTOBER 1970: As part of training office staff commence converting invoices to decimal; all internal documents should be drawn up in decimal.

OCTOBER/NOVEMBER 1970: Begin general staff training. Lectures must be printed, with detailed instructions for managers to carry out itemising visual aids, time for talk, number in class, etc.

JANUARY 1971: Review all training and carry out refresher course.

FEBRUARY 15, 1971: D Day. Banks will be closed from Thursday, February 11 till Sunday, February 14. ??, 1971: X DAY for the company or business.

## NEW BOOKS

### Pharmaceutical Calculations

W. T. BRADLEY, A.B., A.M., C. B. GUSTAFSON, PH.C., B.S., A.M. and M. J. STOKLOSA, PH.C., B.S., A.M. *Lea & Febiger*, Philadelphia, U.S.A. (in Britain *Henry Kimpton*, 134 Great Portland Street, London, W.1). 9½ x 6 in. Pp. x + 406. Fifth edition. 67s. 6d.

THAT a book on pharmaceutical calculations needs a new edition every five years or so seems a sobering thought for practising pharmacists. Modifications in this fifth edition reflect changing patterns in both pharmacy and mathematics. No book could start from more basic principles—the first sentence defines "number"—but the reader is taken rapidly by a lucid and amusing text, through fundamental mathematical concepts. They now include an introduction to number systems other than the decimal, particularly the binary system—"the yes-no language of the computer." There is a chapter on electrolyte solutions (largely by provision of more practice problems) has been somewhat extended and a new appendix deals with calculations involving radioisotopes. The basic statistics appendix now takes in probability, and a table, though a limited one of abbreviations used in prescriptions is added. However, all traditional calculation methods remain and the authors have stood by their intention of excluding theoretical discussion except where it is desirable for a clear understanding of problems and their solution.



**SOLVON tablets and elixir**  
 MANUFACTURER: Boehringer Ingelheim, Ltd., Isleworth, Middlesex.

**DESCRIPTION:** Yellow tablets, lettered "B" on one side with company symbol on the other, each containing 8 mgm. of bromhexine hydrochloride. Yellow elixir containing in each 5 mls 4 mgm. of bromhexine hydrochloride.

**INDICATIONS:** Chronic bronchitis and, with antibiotics, acute bronchitis; other conditions where tenacious sputum is a problem.

**CONTRAINDICATIONS:** Caution should be observed in patients with gastric ulcer.

**DOSE:** Adults: One tablet or two teaspoonfuls (10 mls) of elixir three times daily. Children (5-10 years): Half a tablet or one teaspoonful of elixir four times daily.

**CAUTIONS:** In patients under treatment with antibiotics, sputum cultures should be continued for 2-3 months before assuming a negative result. **EFFECTS:** Mild gastro-intestinal effects occasionally. A transient rise in serum may be observed in a few patients but discontinued medication.

**PACKS:** Tablets in containers of twenty or 100 mls and 1 litre.

**FIRST ISSUED:** July 1968.

**THE CHEMIST AND DRUGGIST Guide to New Medicaments, May 1968**

**MELIN eye drops**

**MANUFACTURER:** CIBA Laboratories, Ltd.

**DESCRIPTION:** Sterile eye drops containing guanethidine sulphate in a special benzalkonium chloride as preservative presented in a 5-ml. glass dropper designed to avoid the risk of over-dosage.

**INDICATIONS:** Reduction of intra-ocular pressure in simple glaucoma of the open-angle type.

**CONTRAINDICATIONS:** Hypertension with discom-

**DOSE:** One drop should be instilled 4 times daily according to the needs of the patient.

**EFFECTS:** Hyperaemia with discomfort regarded as evidence of over-dosage.

**CAUTIONS:** May be an adverse effect in glaucoma to respond to lower dosage. With tendency to superficial punctate kerat-

**PACKS:** Glass dropper bottle of 5 mls.

**FIRST ISSUED:** January 1968.

**THE CHEMIST AND DRUGGIST Guide to New Medicaments, May 1968**

**MYLANTA liquid and tablets**

**MANUFACTURER:** Parke, Davis & Co., Ltd., Middlesex.

**DESCRIPTION:** Mylanta liquid: A white, two-layered tablet, one layer white, engraved with "P.D." Each tablet contains 200 mgm. of magnesium hydroxide and 20 mgm. of activated methylsilicic acid.

**INDICATIONS:** Reduction of gastric hyperacidity; relief of burning commonly associated with this and other conditions; adjunctive treatment of peptic ulcer.

**DOSE:** The recommended dosage is one or two tablets or teaspoonfuls of liquid between meals and at bedtime. The dose may be varied so as to supply the patient with the amount of antacid needed to lower gastric acidity and to relieve symptoms.

**CAUTIONS:** Should be given with caution to patients with renal insufficiency since the retention of magnesium salts may cause central nervous system depression. Aluminium hydroxide, by reacting with phosphates to form insoluble aluminium phosphate, may cause phosphorus deficiency in patients whose diet is low in phosphorus.

**PACKS:** Mylanta tablets in boxes of twenty-four and 100. Mylanta liquid in bottles of 150 and 500 mls.

**FIRST ISSUED:** January 1968.

**GEFARNIL capsules and injection**  
 MANUFACTURER: Crookes Laboratories, Ltd., Telford Road, Birmingham 10, England.

**DESCRIPTION:** Opaque yellow soft gelatin capsules each containing 50 mgm. of gefarnil in starch oil. 1-ml ampoules each containing 50 mgm. of gefarnil in starch oil.

**INDICATIONS:** Gastric ulcer; duodenal ulcer; gastroduodenitis.

**DOSE:** Oral: One capsule three or four times daily before meals. Intramuscular: 100 mgm. (two ampoules) a day in divided doses.

**SHELF LIFE:** Two years at room temperature.

**PACKS:** Bottle of 100 capsules. Box of six 1-ml ampoules.

**SUPPLY RESTRICTIONS:** Recommended on prescription only.

**FIRST ISSUED:** April 1968.

**INTAL compound**  
 MANUFACTURER: Fisons Pharmaceuticals, Ltd., Derby Road, Loughborough, Leics.

**DESCRIPTION:** Single-dose, hard gelatin capsules (Spincaps) for administration from a specially devised turbobulbatory insufflator (Spinhaler), each capsule containing 20 mgm. of disodium cromoglycate and 0.1 mgm. of isoprenaline sulphate, in ultra fine powder form, with an inert carrier.

**INDICATIONS:** Allergic asthma.

**CONTRAINDICATIONS:** As with all new drugs, it is advisable, where possible, to avoid use during pregnancy, especially in the first trimester.

**DOSE:** Initial treatment: In moderately severe asthma the recommended dose is one Spincap six hourly. In more severe asthma, the interval between doses may be reduced to three hours. Bronchodilator therapy should be continued until clinical improvement permits a progressive reduction in dosage. Antibiotics should be administered concurrently if necessary. Maintenance therapy: When an adequate response has been obtained the interval between inhalations can be extended to eight to twelve hours. (See manufacturer's literature for dosage in concomitant steroid therapy).

**PRECAUTIONS:** Caution should be exercised in patients sensitive to the inhalation of medicament drugs.

**SIDE EFFECTS:** Occasional irritation of the throat and trachea through inhalation of a dry powder, particularly following local infective episodes. Generalised toxic effects have not been reported at clinical dosage.

**PACKS:** Container of fifty capsules.

**SUPPLY RESTRICTIONS:** Recommended on prescription only.

**FIRST ISSUED:** January 1968.

**THE CHEMIST AND DRUGGIST Guide to New Medicaments, Oct. 12, 1968**

**SEPTRIN tablets**

**MANUFACTURER:** Burroughs Wellcome & Co., 183 Euston Road, London N.W.1.

**DESCRIPTION:** White tablets, scored, coded Y28, each containing 80 mgm. of trimethoprim and 400 mgm. of sulphamethoxazole.

**INDICATIONS:** Lower respiratory tract infections, urinary tract infections, gonorrhoea.

**CONTRAINDICATIONS:** Pregnancy; sulphonamide sensitivity.

**DOSE:** Adults and children over 12: Two tablets twice daily. Children (16-12 years): Half the adult dose.

**PACKS:** Containers of twenty, 100 and 500.

**SUPPLY RESTRICTIONS:** P.L. S48

**THE CHEMIST AND DRUGGIST Guide to New Medicaments, July 6, 1968**

**MINTEZOL tablets and suspension**

**MANUFACTURER:** Merck Sharp & Dohme, Ltd., Hoddeston, Middlesex.

**DESCRIPTION:** Pale salmon-pink, orange flavoured, chewable tablets each containing 500 mgm. of thiabendazole. Cream coloured, marshmallow-flavoured suspension containing 1 gm. of thiabendazole in each 5 mls.

**INDICATIONS:** The following intestinal helminthiases: Strongyloidiasis, ascariasis (large roundworm disease), uncinariasis (hookworm disease) — both *Necator americanus* and *Uncinostoma duodenale*; trichuriasis (whipworm disease), oxyuriasis (enterocolitis, threadworm disease), cutaneous larva migrans (creeping eruption), Trichinosis (relief of symptoms and fever and reduction of eosinophilia in some cases).

**CONTRAINDICATIONS:** Pregnancy or lactation, unless the benefits to be gained justify the possibility of risk to mother or child. (In reproduction studies in laboratory and domestic animals, no foetal abnormalities related directly to thiabendazole have been reported.)

**DOSE:** The dosage is based on 25 mgm. per kilo of body weight twice a day, to a maximum of 3 gm. a day, given in the evening and the following morning after meals (see manufacturer's literature).

**SIDE EFFECTS:** Anorexia, nausea, vomiting and dizziness. Less frequently, diarrhoea, epigastric distress, pruritus, weariness, mildness, headache and drowsiness. Patients receiving Mintezol should be cautioned against engaging in occupations requiring complete mental alertness.

**STORAGE:** Should be stored in a cool place protected from sunlight and excessive heat.

**PACKS:** Tablets in packs of six and 100. Suspension in bottle of 15 mls.

**SUPPLY RESTRICTIONS:** Recommended on prescription only.

**FIRST ISSUED:** August 1967.

# Advances in therapy in 1968

B. C. BRYANT

ANY and varied are the momentous events and topics of interest that have dominated the pharmaceutical scene during 1968. Perhaps less conspicuous, but no less important to prescriber and pharmacist alike, is the development of new medicinals, and research in this field has continued unabated. During the year useful additions to modern therapy have been made and this review covers some of the important groups of drugs in which valuable advances have been noted.

## SULPHONAMIDES

THE long and valuable therapeutic use, this well-known group of drugs has been steadily declining in the face of more modern antibacterial compounds. Surprising, therefore, that a promising development has been reported, being a combination of a new anti-metabolite, trimethoprim, with an established sulphonamide, sulphamethoxazole. Trimethoprim or 2, 4-diamino-5-(3, 4, 5,—trimethoxy benzyl)imidazole was found in the Wellcome Research Laboratories to inhibit dihydrofolic acid reductase, an enzyme essential to the synthesis of folate by many bacteria.

Sulphonamides act in a similar way by replacing para-aminobenzoic acid in the bacterial metabolic pathway leading to folic acid—that is one stage before the effect of trimethoprim. This dual action thus blocks two successive stages in bacterial metabolism and so achieves an augmented antibacterial effect. The combination is in fact bactericidal rather than bacteriostatic and its new rôle of action may well eliminate some of the disadvantages encountered with other antibacterials, such as acquired bacterial resistance. Good results have been reported following its use in the control of infections of the respiratory and urinary tracts. Trade names for the new drugs are Septrin and Bactrim.

## ANTIBIOTICS

PROBLEMS increasingly associated with antibiotics therapy are those of resistance and cross-resistance and also side effects. It is in an effort to overcome those disadvantages that modifications and new formulations of antibiotics are introduced. Several such new formulations are discussed overleaf.



## Lower dosage

DOXYCYCLINE (Vibramycin) is closely related to oxytetracycline and methacycline but the removal of an oxygen atom from the molecule has conferred distinctive properties. The drug has a high lipid solubility and after oral administration it is absorbed more completely than other tetracyclines. That property, coupled with a slow rate of excretion, is reflected in the relatively low average dose of 100 mgm. daily. Because of the smaller amount of drug remaining unabsorbed there is a correspondingly reduced likelihood of gastrointestinal effects.

## Little cross resistance

RIFAMIDE (Rifocin) is a semi-synthetic derivative of rifamycin B. It has been found to be especially active against Gram-positive organisms including *Mycobacterium tuberculosis*. Cross resistance with other antibiotics is not common, and many strains of staphylococcus resistant to other antibiotics are susceptible to the action of rifamide. Administration is usually by intramuscular injection after which large amounts of the antibiotic are found in the bile, and smaller quantities in the urine. That property is of clinical importance in the control of infections of the hepato-biliary tract where the high concentrations of rifamide are effective against both Gram-positive and Gram-negative organisms.

## Formulation for mixed injections

A new injection formulation Ampicillin with cloxacillin (Ampliclox) is for dealing with serious infections prior to identification, or with a mixture of pathogens, which may include resistant staphylococci and Gram-negative bacteria. It provides the broad spectrum activity of ampicillin coupled with the activity and penicillinase-stability of cloxacillin.

## MUSCLE RELAXANTS

PANCURONIUM bromide (Pavulon) is a synthetic derivative of pregnanone, having muscle relaxant properties of the curare type. It is a highly specific neuromuscular blocking agent and compared with tubocurarine it has a more rapid onset of action and it is effective at a lower dose. This new drug does not release histamine nor cause associated bronchospasm. Neither does it cause ganglion blockade with consequent fall of blood pressure. Its relaxant action is reversed by neostigmine. Early reports on its potential advantages in anaesthesia suggest its usefulness for poor-risk patients.

## RESPIRATORY DRUGS

### Protection in asthma

DISODIUM cromoglycate (Intal), a new compound administered by inhalation, has been further investigated during the year for its value in reducing the asthmatic response to inhaled antigen in sensitised individuals, so providing a protective type of action. After one double-blind trial the authors concluded that the compound would improve the general level of well being of many patients with allergic bronchial asthma and would decrease requirements for bronchodilators, and perhaps steroids, although it may not necessarily replace conventional therapy.

### Bronchitis therapy from an Indian remedy

A NEW mucolytic-expectorant has been added to the variety of medicaments used in the control of bronchitis.

The compound, known as bromhexin (Bisolvon), is a synthetic derivative of vasicine, the alkaloid of *Adhatoda*, the leaves of which are extracted in India for their expectorant virtues. Bromhexine has both mucolytic and expectorant properties: taken by mouth it inhibits the formation of mucopolysaccharide fibres of tenacious sputum and at the same time increases the volume and decreases the viscosity of the sputum. The action provides symptomatic relief and reduces the effort of expectoration. Bromhexine should prove useful in conjunction with antibiotic therapy for many bronchitic cases.

## Respiratory stimulants

THE amides crotethamide and cropropamide are centrally-acting respiratory stimulants and the mixture (Micoren) has been shown to have the ability to increase the depth of breathing without increasing the rate of respiration. That has the effect of removing excessive carbon dioxide in the blood by a ventilation process. The drug is therefore indicated for the treatment of chronic hypoventilation and respiratory insufficiency especially in cases of chronic bronchitis.

## VACCINES

A NEW variant of the influenza virus was identified during the year following an epidemic that swept parts of the Far East, and it is expected that extensive outbreaks from the same source are likely to occur in other parts of the world. At the instigation of the World Health Organisation, a vaccine has been specifically prepared to counter the threat of an epidemic from this antigenically new viral strain, which is known as A2 Hong Kong/1/68. The vaccine (Admune Mono 68 or Flugen HK) contains 7000 H.A. units per 1-mil dose. First supplies are intended for special cases such as those with chronic bronchitis, asthma, heart or kidney disease. The established multivalent vaccine is of course still in use to confer immunity against the endemic influenza virus.

## POLYPEPTIDES

A PURE synthetic polypeptide has been produced having all the corticotrophic activity of ACTH and fewer of its disadvantages. Tetracosactrin (Synacthen) is composed of the first twenty-four of the thirty-nine amino-acids contained in natural ACTH. Biological assay of the product is no longer necessary, dosage being by weight, and it is noteworthy that contamination by foreign protein has been eliminated and the risk of sensitivity reactions is therefore negligible. The product is of value in all conditions for which ACTH or corticosteroids have a therapeutic rôle, notably in rheumatoid arthritis, allergic disorders and chronic skin diseases. Under trial is a polypeptide with twenty-five amino acids but with a modified sequence (DW75).

## DIURETICS

NUMEROUS tablet formulations have been developed to provide supplementary potassium especially during diuretic therapy. But a recent development strikes a new note in this field in the shape of an oral diuretic that causes a positive potassium balance. In preliminary trials amiloride (or N-amidino-3, 5-diamino-6-chloropyrazinamide) has been found an effective diuretic in combination with frusemide or ethacrynic acid. Its hypotensive effect is similar to that of hydrochlorothiazide and when the two drugs were used in combination the plasma-potassium remained near



treatment levels, whereas with hydrochlorothiazide it ed to fall. With amiloride alone a rise in plasma potas- occurred.

## THELMINTICS

ABENDAZOLE is well established in veterinary medi- as an anthelmintic for farm animals. Recently it has used successfully and safely as a single dose treatment threadworms in children of various ages. A high per- age of cures was obtained. For the various forms of inthiasis in man thiabendazole is now available for administration as Mintezol.

## TI-DEPRESSANT DRUGS

INDOLE (Prondol) is a tricyclic compound of novel gn, effective in controlling various forms of depres- . It is characterised by a very low incidence of side ts such as dry mouth, blurred vision and constipation can occur with this class of anti-depressant. After one ole-blind trial the drug was described as an anti-depres- comparable in efficacy to imipramine and free from serious side effects.

## ICHOMONICIDAL AND ANTIFUNGAL ENTS

URATEL (Magmilor) is a new trichomonicide which is ve when taken by mouth and also topically. It is there- used both as oral tablets and vaginal pessaries as a treatment for trichomonal, candidal and mixed in- ons of the vagina, eliminating the possibility of the idal overgrowth that may arise with other tricho- nicides. New formulations containing the antifungal biotic amphotericin B (Fungilin) have been introduced; ointment for cutaneous infections especially those due to *dida*; and tablets for oral medication in vaginal and stinal candidiasis.

## INARY ANTISEPTICS

O older drugs have reappeared in the form of hexamine delate. Both act as urinary antiseptics in acid solution: amine liberates formaldehyde, and mandelic acid is ctive at a pH of 5.5 or less. To achieve the required lification of the urine, *dl*-methionine is included with

hexamine mandelate in the formulation (G 500) so that the two constituents can exert their optimal antibacterial effects in the control of common infections of the urinary tract.

## TOPICAL CORTICOSTEROIDS

WHILST some workers have described the corticosteroid ointments as a "dermatological panacea" there can be little doubt of their useful function in modern therapy. New formulations continue to appear and emphasis has been placed on the development of preparations for the treat- ment of haemorrhoids and related conditions. Betametha- sone (Betnovate), for example, has been issued as a rectal ointment incorporating with the corticoid the local anaesthetic lignocaine and the vasoconstrictor phenyle- phrine. Such a combination in an emollient base is a useful aid in the control of haemorrhoids, fissure and minor ano- rectal disorders. A similar preparation based on beclo- methasone and lignocaine is available both as rectal oint- ment and as suppositories (Propaderm-L).

## SYSTEMIC CORTICOSTEROIDS

MODIFICATION by esterification has been applied to prednisolone as a method of reducing the mineralocorti- coid activity and increasing the anti-inflammatory potency of the compound. Prednisolone stearoylglycolate (Sintisone) developed with that purpose, is stated to have a greater anti-inflammatory action than the parent base and a more extended effect. Furthermore the secondary effects of corti- costeroid therapy are less pronounced with this drug.

## CARDIAC DRUGS

AN addition to the range of coronary vasodilator drugs is provided by sorbide nitrate (Cedocard). The compound provides a vasodilator action of the nitroglycerin type. It is rapidly absorbed when given as a sublingual tablet and its action is prolonged so that the drug is of value in the prophylaxis and treatment of angina pectoris. Another cardio-selective beta-adrenergic blocking agent (I.C.I. 50172) has been developed. Chemically it is 4-(2-hydroxy-3- isopropylaminopropoxy acetanilide). It has been shown to block isoprenaline-induced tachycardia and it has also some intrinsic sympathomimetic action. Results of preli- minary clinical trials with the drug point to its value for slowing the heart rate in patients with ischaemic heart disease.

# NEW MEDICAMENTS IN 1968

SUMMARY OF INFORMATION GIVEN MORE FULLY DURING THE YEAR IN "GUIDE TO NEW MEDICAMENTS"

ISION of products into categories is necessarily somewhat arbitrary. hasis is on therapeutic use where more than one classification is ble. Abbreviated coding of manufacturers is that used in the

C. & D. Quarterly Price List, in which a key is provided giving the full name and address of each manufacturers whose products are in- cluded in the List.

PROPRIETARY NAME MENTARY SYSTEM	MAKER OR DISTRIBUTOR	ACTIVE CONSTITUENTS	MAIN INDICATIONS OR THERAPEUTIC CLASS
gesic-HC suppositories, ream	WW	<i>Suppositories</i> : pramoxine hydrochloride, hydrocortisone acetate, bismuth subgallate, zinc oxide, balsam of Peru, benzyl benzoate, bismuth oxide. <i>Cream</i> : pramoxine hydrochloride, hydrocortisone acetate, bismuth oxide, resorcin, zinc oxide, balsam of Peru, benzyl benzoate	haemorrhoids, pruritus ani, anorectal conditions
novate rectal ointment	Glaxo	betamethasone 17-valerate, phenylephrine hydrochloride, lignocaine hydrochloride	haemorrhoids, pruritus ani



PROPRIETARY NAME	MAKER OR DISTRIBUTOR	ACTIVE CONSTITUENTS	MAIN INDICATIONS OR THERAPEUTIC CLASS
Cirotyl tablets, suspension	PD	oxyphenisatin diacetate	constipation
Dulcodos tablets	B	bisacodyl, dioctyl sodium sulphosuccinate	constipation
Fungillin suspension	Squibb	amphotericin B	oral candidosis
Gefarnil capsules, injection	Crookes	gefarnate	gastric and duodenal ulcer, gastroduodenitis
Haemovin haemorrhoidal cream	Moore	titanium dioxide, salicylamide, hexachlorophane, ephedrine hydrochloride	haemorrhoids, pruritus ani, etc.
Kantrexil tablets	BLL	kanamycin sulphate, pectin, bismuth subcarbonate, activated attapulgite	diarrhoea
Maalox tablets (nos. 1 and 2)	Rorer	dried aluminium hydroxide gel, magnesium hydroxide	antacid therapy in gastric and duodenal ulcer, etc.
Mintezol tablets, suspension	MSD	thiabendazole	intestinal helminthiasis
Mylanta liquid, tablets	PD	magnesium hydroxide, aluminium hydroxide dried gel, activated methylpolysiloxane	reduction of gastric hyperacidity, bloating, adjunct in peptic ulcer
Mylocon drops, tablets	PD	methylpolysiloxane	flatulence, gastric bloating
Periactin tablets, syrup	MSD	cyproheptadine hydrochloride	stimulation of appetite, allergic and pruritic disorders
Propaderm-L rectal ointment, suppositories	A&H	beclomethasone dipropionate, lignocaine	haemorrhoids, etc.
Salazopyrin suppositories	PGBL	sulphasalazine	distal proctocolitis, stump proctitis, adjunct in ulcerative colitis
Teejel gel	Napp	choline salicylate, cetyltrimethylbenzylammonium chloride	pain and discomfort in and around the mouth and nose
Ultraproct suppositories, ointment	SCL	fluocortolone trimethylacetate, fluocortolone caproate, dibucaine hydrochloride, clemizole undecylate, hexachlorophane	haemorrhoids, pruritus ani, proctitis, etc.
X-Prep liquid	Napp	sennosides A and B	preparation of intestinal tract for radiography
<b>CARDIOVASCULAR SYSTEM</b>			
Cedocard tablets	Tillotts	sorbide nitrate	angina pectoris, coronary insufficiency
Duvadilan tablets, injection	Crookes	isoxsuprine hydrochloride	cerebral arteriosclerosis, cerebral ischaemia, cerebral vaso-spasm
Duvadilan NA tablets	Crookes	isoxsuprine hydrochloride, nicotinic acid	chilblains
<b>ENDOCRINE SYSTEM</b>			
Contovlar tablets	SCL	norethisterone acetate, ethinyloestradiol	menstrual irregularities and disorders
C-Quens 21 tablets	Lilly	mestranol (yellow tablets) mestranol, chlormadinone acetate (pink tablets)	ovulation control, menstrual irregularities and disorders
Efcortisol injection	Glaxo	hydrocortisone sodium phosphate	acute adrenal insufficiency
Demulen 0.5 tablets	Searle	ethynodiol diacetate, mestranol	oral contraception
Femetra tablets	LR	mestranol (pink tablets); norethynodrel, mestranol (white tablets)	menstrual irregularities and disorders
Feminor 21 tablets	LR	mestranol (pink tablets); norethynodrel, mestranol (white tablets)	oral contraception
Hormonin tablets	Carnrick	oestriol, oestradiol, oestrone	menopausal symptoms
Minovlar tablets	SCL	norethisterone acetate, ethinyloestradiol	oral contraception
Nuvacon tablets	BDH	ethinyloestradiol, megestrol acetate	oral contraception
Ortho-Novin 1/80 tablets	Ortho	norethisterone, mestranol	oral contraception
EYE, EAR			
Cortiphenicol eardrops	Dales	prednisolone metasulphobenzoate, chloramphenicol	otitis media and externa
Ismelin eye drops	CIBA	guanethidine sulphate	open-angle simple glaucoma, exophthalmos and lid retraction of endocrine imbalance
Norgotin	NL	ephedrine hydrochloride, amethocaine hydrochloride, chlorhexidine acetate	otitis media and externa
<b>GENITO-URINARY SYSTEM</b>			
Brinaldix K tablets	Sandoz	clopamide, potassium and chloride ions	oedema of cardiac, renal or hepatic origin
G500 tablets	Stagg	hexamine mandelate, DL-methionine	urinary tract infections
Magmilor tablets, pessaries	Calmic	nifuratel	leucorrhoea and vulvovaginitis of trichomonal origin
<b>INFECTIONS</b>			
Ambilhar tablets	CIBA	niridazole	bilharziasis, dracontiasis
Ampiclox adult injection	BRL	ampicillin, cloxacillin (sodium salts)	emergency treatment of unidentified infections
Bactrim Roche Drapsules, paediatric tablets	Roche	trimethoprim, sulphamethoxazole	respiratory and urinary tract infections, gonorrhoea
Bristrex syrup	BLL	tetracycline (phosphate buffered), nystatin	tetracycline-sensitive infections
Chymocyclar capsules	APC	tetracycline hydrochloride, enzymatic activity (pancreatic concentrate)	tetracycline-sensitive infections
Clinimycin tablets	Glaxo	oxytetracycline dihydrate	respiratory, urinary tract, soft tissue infections
Erythromid tablets	Abbott	erythromycin	erythromycin-sensitive infections
Fungilin cream, ointment, tablets, pessaries	Squibb	amphotericin B	mycotic infections due to overgrowth of candida spp.
Rifocin-M injection	Lepetit	rifamide (sodium salt), lignocaine	Gram-positive infections, hepato-biliary tract infections (Gram-positive and negative)
Septtrin tablets	BW	trimethoprim, sulphamethoxazole	lower respiratory tract, urinary tract infections, gonorrhoea



PROPRIETARY NAME	MAKER OR DISTRIBUTOR	ACTIVE CONSTITUENTS	MAIN INDICATIONS OR THERAPEUTIC CLASS
vicin tablets	SLL	tetracycline hydrochloride, <i>Lactobacillus casei</i>	tetracycline-sensitive infections (particularly long-term or high-dosage therapy)
otrex tablets, capsules	BLL	tetracycline hydrochloride	tetracycline-sensitive infections
rachel preparations	BPL	conforming to official specifications for tetracycline tablets, capsules and mixture	tetracycline-sensitive infections
rex bid caps	BLL	tetracycline phosphate complex	tetracycline-sensitive infections
ramycin capsules, syrup	Pfizer	doxycycline hydrochloride	doxycycline-sensitive infections
USCULO-SKELETAL SYSTEM			
polin ointment	FBA	heparinoid, glycol salicylate, nicotinic acid benzyl ester	muscular pains, rheumatic conditions
azolidin Alka tablets	Geigy	magnesium trisilicate, dried aluminium hydroxide gel, phenylbutazone	rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, rheumatism, etc.
oc suspension	MSD	indomethacin	rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, bursitis, etc., gout.
ROUS SYSTEM			
neton tablets, injection	Pfizer	biperiden (tablets as hydrochloride; injection as lactate)	Parkinsonism
ntril tablets	Carnrick	carboxyphen (dexamphetamine carboxy-methylcellulose)	appetite control
is tablets	Reckitt	acetylsalicylic acid, codeine phosphate, calcium carbonate, anhydrous citric acid	relief of pain, antipyretic, anti-inflammatory agent
domin capsules	Geigy	heptabarbitalone	insomnia
dsed capsules	Boots	methaqualone	insomnia
drin capsules	Carnrick	isometheptene mucate, dichloralphenazone, paracetamol	migraine, tension headaches
amol-118 tablets	BDH	paracetamol, dihydrocodeine bitartrate	analgesic
ulon (NA-97) injection	Organon	pancuronium bromide	neuro-muscular blocking agent for muscle relaxation in anaesthesia
padeine tablets	Bayer	paracetamol, codeine phosphate, caffeine	analgesic
peridol injection	Ortho	trifluoperidol	psychotic patients (emergency treatment when agitated or where oral administration impossible)
ptafen-Minor tablets	A&H	amitriptyline hydrochloride, perphenazine	minor cases of depression and anxiety
UTRITION, ETC.			
ybar mixture	Rybar	iron and ammonium citrate, riboflavine, nicotinamide, aneurine hydrochloride providing potassium and chloride	debility, iron deficiency anaemia (prevention)
assium-Sandoz effervescent tablets	Sandoz		prevention and treatment of hypokalaemic states
rical F tablets	Ortho	follic acid, ferrous calcium citrate, tricalcium citrate	iron deficiency and megaloblastic anaemia during pregnancy (prevention)
boneK tablets	M&W	potassium chloride	potassium deficiency states
vitone tablets	Roche	thiamine mononitrate, riboflavine phosphate, pyridoxine hydrochloride, nicotinamide, ascorbic acid	correction of deficiencies of certain B vitamins and vitamin C
adocal effervescent tablets	Sandoz	calcium lactate gluconate, ascorbic acid, sodium and potassium ions	osteoporosis, rickets, pregnancy supplement, lactation, etc.
SPIRATORY SYSTEM			
pent-sed tablets	B	orciprenaline sulphate, amylobarbitone	prevention of wheezing in anxious asthmatic or bronchitic patient
olvon tablets, elixir	B	bromhexine hydrochloride	chronic bronchitis
ontyl 300 tablets, injection	LH	proxiphylline	bronchial asthma, chronic bronchitis, dyspnoeas associated with heart insufficiency
prol expectorant	Napp	diphenhydramine hydrochloride, dextromethorphan hydrobromide, ammonium chloride, sodium citrate, chloroform, menthol	unproductive cough
ophylate paediatric suppositories	Delandale	acepifylline	bronchospasm in babies and children
al compound	Fisons	disodium cromoglycate, isoprenaline sulphate	allergic asthma
atic tablets	Carnrick	theophylline, guaiaicol carbonate, ephedrine hydrochloride, butabarbital	bronchial asthma, bronchitis
coren capsules	Geigy	crothetamide, cropropamide	hypoventilation, respiratory insufficiency
ncos Co. linctus	Sandoz	pholcodine, pseudoephedrine hydrochloride, chlorpheniramine maleate, glycerin, syrup, menthol	cough
ulin tablets	Carnrick	phenylephrine hydrochloride, mepyramine maleate, paracetamol, homatropine methylbromide	discomfort caused by sinusitis or other upper respiratory ailments
IN			
phosyl shampoo	Stafford	special coal tar extract, hexachlorophene	psoriasis of the scalp, other scalp conditions
adolene cream	Radiol	diethylamine salicylate, capsicum oleoresin, rectified oil of camphor, menthol	rheumatic conditions, sciatica, lumbago, fibrositis, etc., unbroken chilblains



PROPRIETARY NAME	MAKER OR DISTRIBUTOR	ACTIVE CONSTITUENTS	MAIN INDICATIONS OR THERAPEUTIC CLASS
Callusolve	Dermal	alkyldimethylbenzylammonium halide dibromide	warts
Haelan-C ointment, cream	Dista	flurandrenolone, clioquinol	corticosteroid-responsive dermatoses
Nystaform-HC cream	Dome	nystatin, iodochlorhydroxyquinoline, hydrocortisone alcohol	with infection inflammatory dermatoses with infection
Oilatum application	Stiefel	arachis oil emulsion	dry skin conditions
Phytex borotannic complex	Pharmax	borotannic complex, ethyl acetate, salicylic acid, methyl salicylate, glacial acetic acid	dermatomycoses, onychomycosis, chronic paronychia
Prehensol cream	Dermal	zinc salicylate, lecithin	detergent dermatitis
Quellada lotion	Stafford	gamma benzene hexachloride	scabies, pediculosis
Syl cream	LH	dimethicone, benzalkonium chloride, nitrocellulose	napkin rash, prevention of bedsores, occupational and allergic dermatoses
Ultralanum plain cream and lotion	SCL	fluocortolone trimethylacetate, fluocortolone caproate	corticosteroid-responsive dermatoses
Toracsol solution	TLL	cetrimide, cetylpyridinium bromide, benzalkonium bromide	acne vulgaris
Vanair (and forte) creams	Wallace	benzoyl peroxide, colloidal sulphur	acne vulgaris, acne rosacea
MISCELLANEOUS			
Banistyl elixir	M&B	dimethothiazine mesylate	antihistamine
Gravol tablets, suppositories	Wallace	dimenhydrinate	relief of nausea and vomiting
Heminevrin capsules	OH	chlormethiazole base, arachis oil	withdrawal symptoms in alcoholic and drug addicts, delirium tremens, agitated states, pre-eclamptic toxemia
Heminevrin 0.8 per cent. solution	AH	chlormethiazole ethandisulphonate	pre-eclamptic toxemia, status epilepticus, withdrawal symptoms in alcoholic and drug addicts, delirium tremens, agitated states
Poliomyelitis vaccine (inactivated)	Glaxo	Salk-type poliomyelitis vaccine	vaccination against poliomyelitis
Masteril injection	Syntex	drostanolone propionate	mammary carcinoma
Sintisone tablets	Erba	prednisolone stearoylglycolate	all indications for a cortico steroid
Synacthen depot injection	CIBA	tetracosactrin in zinc phosphate complex	rheumatic and collagen disorders, allergic disorders, chronic skin disorders, central nervous system disorders, weaning patients from corticosteroids
Typhoid vaccine (monovalent) BW		killed vaccine of <i>Salmonella typhi</i>	immunisation against typhoid fever

## GUIDE TO NEW MEDICAMENTS

Information about proprietary products supplied principally on prescription. Reprints on perforated gummed paper for affixing to index cards are obtainable from the Editor. Notes on the products are given on p. 551.

THE CHEMIST AND DRUGGIST Guide to New Medicaments, Dec. 7, 1968

### ANUGESIC—HC suppositories and cream

MANUFACTURER: William R. Warner & Co. Ltd., Eastleigh, Hants.

DESCRIPTION: Green-foil-wrapped *suppositories*, each containing 27 mgm. of pramoxine hydrochloride, 5 mgm. of hydrocortisone acetate, 59 mgm. of bismuth subgallate, 296 mgm. of zinc oxide, 49 mgm. of balsam of Peru, 33 mgm. of benzyl benzoate and 24 mgm. of bismuth oxide. *Cream* containing in each 100 gms. 1 gm. of pramoxine hydrochloride, 0.5 gm. of hydrocortisone acetate, 0.875 gm. of bismuth oxide, 0.875 gm. of resorcin, 12.33 gm. of zinc oxide, 1.8 gm. of balsam of Peru and 1.2 gm. of benzyl benzoate, in a water miscible base.

INDICATIONS: Relief of pain and reduction of inflammation in haemorrhoids, pruritus ani and other ano-rectal conditions.

METHOD OF USE: One suppository should be inserted, or the cream applied, night and morning until the condition is controlled.

PACKS: *Suppositories* in pack of 12; *cream* in tube of 15 gm.

SUPPLY RESTRICTIONS: Therapeutic Substances Act.

FIRST ISSUED: November 1968.

THE CHEMIST AND DRUGGIST Guide to New Medicaments, Dec. 7, 1968

### PREHENSOL cream

MANUFACTURER: Dermal Laboratories, Ltd., 247 Gray's Inn Road, London, W.C.1.

DESCRIPTION: White cream containing 2 per cent. of zinc salicylate and 0.5 per cent. lecithin in a vanishing cream base.

INDICATIONS: Detergent dermatitis of the hands.

METHOD OF USE: Should be rubbed well into the hands after exposure to detergents and every night before retiring.

PRECAUTIONS: Should a rare case of sensitivity occur, treatment should be stopped.

PACK: Pink polystyrene jar of 50 gm.

FIRST ISSUED: November 1968.

THE CHEMIST AND DRUGGIST Guide to New Medicaments, Dec. 7, 1968

### BETNOVATE rectal ointment

MANUFACTURER: Glaxo Laboratories, Ltd., Greenford Road, Greenford, Middlesex.

DESCRIPTION: Rectal ointment containing (w/w) 0.05 per cent. betamethasone 17-valerate 0.1 per cent. phenylephrine hydrochloride and 2.5 per cent. lignocaine hydrochloride in a base consisting of wax and liquid paraffin.

INDICATIONS: Haemorrhoids; post haemorrhoidectomy pain; pruritis ani, mild proctitis.

METHOD OF USE: Using the applicator a small amount of ointment should be applied to the affected area two or three times daily at first. When inflammation has subsided, once-daily application is sufficient in most cases.

SHELF LIFE: Should be used within two years of manufacture.

PACK: Tube of 20 gms.

SUPPLY RESTRICTIONS: Therapeutic Substances Act.

FIRST ISSUED: September 1968.

THE CHEMIST AND DRUGGIST Guide to New Medicaments, Dec. 7, 1968

### HEMINEVRIN 0.8 per cent. solution

MANUFACTURER: Astra-Hewlett, Ltd., King Georges Avenue, Watford, Herts.

DESCRIPTION: Intravenous injection/infusion solution each ml containing 8 mgm. of chlormethiazole ethandisulphonate, 40 mgm. of glucose, with sodium hydroxide to pH ca 7, in sterile water.

INDICATIONS: Pre-eclamptic toxemia, status epilepticus, acute withdrawal symptoms in alcoholic and drug addicts, delirium tremens, agitated states.

DOSAGE: According to the condition being treated and the patient's response (*see manufacturer's literature*).

PRECAUTIONS: *See manufacturer's literature*.

PACKS: Vial of 100 mls (for injection). Bottle of 500 mls (for infusion).

SUPPLY RESTRICTIONS: P.I., S.4b. FIRST ISSUED: July 1968.



THE CHEMIST AND DRUGGIST Guide to New Medicaments, Dec. 7, 1968

### HEMINEVRIN capsules

MANUFACTURER: Astra-Hewlett, Ltd., King Georges Avenue, Watford, Herts.

DESCRIPTION: Bright yellow, oval, soft-gelatin capsules each containing 192 mgm. of chlormethiazole (base) and 384 mgm. of arachis oil.

INDICATIONS: Acute withdrawal symptoms in alcoholic and drug addicts, delirium tremens, agitated states, sleep disturbances, pre-eclamptic toxæmia.

SAGE: According to the condition being treated and the patient's response (see manufacturer's literature).

TES: One Heminevrin capsule containing 192 mgm. chlormethiazole (base) produces a therapeutic effect equal to that of one Heminevrin tablet containing 500 mgm. chlormethiazole ethandisulphonate.

CAUTIONS: Due to additive or possible potentiating effects, caution must be observed should Heminevrin be used with other drugs having a similar pharmacological action. However, there is no potentiation between Heminevrin and barbiturates or Heminevrin and alcohol, thus the sedative hypnotic effect is simply additive.

CK: Canister of 100.

PLY RESTRICTIONS: P.I., S.4B.

ST ISSUED: July 1968.

THE CHEMIST AND DRUGGIST Guide to New Medicaments, Dec. 7, 1968

### ORAC SOL solution

MANUFACTURER: Torbet Laboratories, Ltd., 24 Great King Street, Edinburgh, 4.

SCRIPTION: Blue solution containing 3.6 per cent. of cetrimide, 1 per cent. of cetylpyridinium bromide and 2.1 per cent. of benzalkonium bromide.

ICATIONS: Acne vulgaris.

ETHOD OF USE: Should be applied to the lesions twice daily.

CAUTIONS: If undue dryness of the treated skin areas develops use should be discontinued for a few days.

CK: Bottle of 56 mls (2 fl. oz.).

ST ISSUED: July 1968.

THE CHEMIST AND DRUGGIST Guide to New Medicaments, Dec. 7, 1968

### PROPADERM-L rectal ointment and suppositories

MANUFACTURER: Allen & Hanburys, Ltd., London, E.2.

SCRIPTION: Rectal ointment containing 0.025 per cent. of beclomethasone dipropionate and 5 per cent. of lignocaine. Suppositories each containing 0.5 mgm. of beclomethasone dipropionate and 50 mgm. of lignocaine.

ICATIONS: Haemorrhoids and other painful, inflammatory or irritative ano-genital conditions.

ETHOD OF USE: *Ointment*: Should be applied two or three times a day and after defaecation. The area should ideally be washed with water (no soap) and gently dried before application. *Suppositories*: One should be inserted two, or if necessary, three times a day, preferably after defaecation.

CAUTIONS: Propaderm-L preparations have no antibacterial or antimonilial activity. If the condition is caused or complicated by infection, specific therapy should be used.

CKS: *Rectal Ointment* in tube of 15 gm. with special nozzle. *Suppositories* in box of ten.

PLY RESTRICTIONS: Therapeutic Substances Act.

ST ISSUED: October 1968.

THE CHEMIST AND DRUGGIST Guide to New Medicaments, Dec. 7, 1968

### EMULEN 0.5 tablets

MANUFACTURER: G. D. Searle & Co., Ltd, Lane End Road, High Wycombe, Bucks.

SCRIPTION: White, uncoated tablets, stamped "Searle" on both sides, each containing 0.5 mgm. ethynodiol diacetate and 0.1 mgm. of mestranol.

ICATIONS: Oral contraception.

CONTRAINDICATIONS: Mammary carcinoma; congenital disorders of hepatic excretory function; a previous history of jaundice or pruritus of late pregnancy.

OSAGE: One tablet daily starting on day 5 of the menstrual cycle, followed by seven clear days. To be repeated cyclically.

DE EFFECTS, ETC: See manufacturer's literature.

CK: Push-through pack of twenty-one tablets in outer of twenty packs.

PLY RESTRICTIONS: P.I., S.4B.

ST ISSUED: November 1968.

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### PERIACTIN tablets and syrup

MANUFACTURER: Merck Sharp & Dohme, Ltd., Hoddesdon, Herts.

DESCRIPTION: Bright yellow syrup with pineapple flavour. Containing each 5 mls cyproheptadine hydrochloride B.P. equivalent to 2 mgm. of anhydrous cyproheptadine hydrochloride. White tablets, half-scored on one side, MSD logo on the other, each containing cyproheptadine hydrochloride B.P. equivalent to 4 mgm. of the anhydrous compound.

INDICATIONS: Where stimulation of appetite, increased food intake, and a gain in weight are desirable. Acute and chronic allergic and pruritic disorders (including chickenpox itch).

CONTRAINDICATIONS: Glaucoma; urinary retention.

DOSAGE: As an appetite stimulant. — *Adults and children over 6 years*: 2–4 mgm. three or four times a day. *Children (2–6 years)*: 2 mgm. three or four times a day. As an anti-allergic. — Usual daily dosage is *adults* 12–16 mgm.; *children (2–6 years)*, 6 mgm., (6–14 years), 12 mgm., all to be taken in divided doses.

SIDE EFFECTS: Drowsiness (but many patients who initially complain of this no longer do so after three or four days of continuous treatment). Dry mouth, dizziness, apprehensiveness, nausea and skin rash have been reported, but the incidence is low. On rare occasions, central nervous system stimulation, as manifested by agitation, confusion, or visual hallucinations, may occur.

PRECAUTIONS: When Periactin is considered for patients who present symptoms of severe loss of appetite, care should be taken to exclude any serious underlying pathology. Patients receiving Periactin should be warned not to take alcohol or other central nervous system depressants. Safety for use in pregnant patients has not been established.

ORAGE: Should be protected from sunlight and excessive heat. PACKS: Tablets in containers of 100 and 500. Syrup in bottle of 100 mls. (previously as 4 and 16 fl. oz.)

SUPPLY RESTRICTIONS: P1, S7.

FIRST ISSUED: Revised monograph November 1968.

### AMENDMENT

### BACTRIM ROCHE Drapsules and paediatric tablets

PACKS: *Drapsules* in containers of thirty, 100 and 500. *Paediatric tablets* in containers of thirty and 100.

### C. & D. TABLET AND CAPSULE IDENTIFICATION GUIDE Additions to the Guide

ATROMID — S 500 mgm. capsules: E14, 25/32, S, Ob, —, —, 414.  
BACTRIM Drapsules: F2, 26/32, C, Ob, —, —, 415.  
BACTRIM paediatric tablets: White, 10/32, P, R, F/F, B2, 188/—.  
BISOLVON 8 mgm. tablets: C3, 9/32, P, R, F/F, B2, 371/413.  
BRONTYL 300 tablets: White, 14/32, P, R, F/F, B2, 410/H.  
CEDOCARD tablets: White, 10/32, P, R, F/F, B2, H/—.  
CLINIMYCIN tablets: G2, 12/32, C, R, Cv/Cv, —, N/—.  
DEMULEN tablets: White, 8/32, P, R, Cv/Cv, —, 203/203.  
FEMETRA tablets (pink): G7, 8/32, P, R, F/F, B2, —.  
FEMETRA tablets (white): White, 8/32, P, R, F/F, B2, —.  
KANTREXIL tablets: G11, 25/32, P, R, Cv/Cv, —, H/—.  
MAALOX No. 1 tablets: White, 16/32, P, R, F/F, B2, 411/—.  
MAALOX No. 2 tablets: White, 20/32, P, R, F/F, B2, 411/—.  
MICOREN capsules: E14, 13/32, S, Ov, —, —, —.  
REVITONE tablets: Two-colour special category, W<sup>2</sup>, 13/32, P, R, Cv/F, B1, N/—.

SEPTIN tablets: White, 16/32, P, R, Cv/Cv, —, 409.  
TELOTREX capsules: F1, 24/32, H, Ob, —, —, 370.  
TELOTREX tablets: F1, 15/32, C, R, Cv/Cv, —, —.  
TETRACHEL capsules: F1, 24/32, H, Ob, —, —, —.  
TETRACHEL tablets: F1, 15/32, C, R, Cv/Cv, —, —.

### Products changed in appearance

AKINETON 2 mgm. tablets: White, 10/32, P, R, F/F, B2, 348/412.  
ECONOMYCIN capsules: White, 24/32, H, Ob, —, —, —.  
FEOSPAN capsules: Two-colour special category, E17. Size now 22/32.

<sup>†</sup> Spot on Cv side, colour B10.

### Additions to table of markings

409	410	411	412	413	414	415



## ADVERTISED MEDICINES IN EUROPE

### "Curbs could wreck health schemes," say manufacturers

INCREASINGLY severe restrictions on the advertising of proprietary medicines "could financially wreck national and private health insurance schemes, swamp already overburdened doctors . . . and deprive mothers of their traditional rôle of 'natural nurse in the home'." That was a view strongly urged by the European Proprietary Association (its members both individual manufacturers and national trade associations) at its second annual meeting in Lausanne, Switzerland, recently. The manufacturers are conducting research into the social, financial, and public health implications of pending legislation by Common Market and other States.

The Association welcomed a movement to create common rules throughout Europe, but vigorously opposed two points. First was a draft Common Market directive that would prohibit the advertising of products for certain diseases. There was agreement that advertising must be limited to minor ailments: what was opposed was the loose generalisation "skin infections, blood disorders, nutritional problems and metabolic disturbances," the argument being that "people must have a chance to take care of headaches, colds, upset stomachs and minor wounds, for example." The second strongly contested E.E.C. principle was a proposed requirement that all advertisements should be submitted, a week before publication to national control bodies. A compromise proposed by the industry was that each company should keep a file of its advertisements and that government agencies should be able to review them for up to five years. Germany, where the burden of proof is on the Government and the industry is "on its honour" was stated to have an exceptionally low rate of offences or litigation.

The British were said to be "old hands" at self-discipline by the industry, with an expert panel—dating back to 1936—checking questionable advertising. "It is good to see the Common Market following the same pattern," said MR. G. HOLLIS (vice-president of the European Association and director of the Proprietary Association of Great Britain). He said that doctors reported that too many minor complaints were being taken to them. Home medication allowed the National Health Service to function effectively. Intelligent self-medication was not in conflict with seeing the doctor, but a stage in health or treatment, with the first responsibility on the individual. DR. JEAN SALLE (Association president and head of Aspro-Nicholas, Paris) said the time had come for a more reasonable attitude toward self-medication. The modern preparations were as well produced and controlled as prescription drugs.

#### More Information for Pharmacists

There was general agreement at the meeting that the industry should do more to give both the public and especially pharmacists virtually the

same detailed information on its preparations as doctors in the Western world received from the prescription drug industry.

#### Italian Code in Preparation

Under an Italian industry plan to try to resolve its problems with its government a code of advertising regulations was being drawn up and a board of censors formed. It would include representatives of the industry, of the national medical society, pharmacy, law and the advertisers' association. Drug advertisers would submit texts to that independent board and obtain a visa. All advertising had anyway to be submitted to the Health Ministry, but the industry felt that the Ministry would approve of an independent evaluation.

The Austrian group reported a new requirement to compel manufacturers to sell certain products on prescription only, because of dosage. "One can buy a small package freely but a large one is on prescription." The Belgian Association reported that proprietary medicines accounted for 60 per cent. of all pharmacy sales, and 12 per cent. of turnover. French representatives

threatened to start publishing advertisements without authorisation.

DR. B. MAUSER, Munich, spoke on self-medication from the physician's point of view. "The proprietary industry serves the aims of enlightened health policy as much as the others in the health field," he declared, deploring the distinction between "ethical" and "non-ethical" drugs. The industry, must, however, answer the medical profession's questions, must meet its anxiety that "through camouflage of acute symptoms, various diseases may not reach treatment." In East Germany and other communist States, Dr. Mauser pointed out, sales of sedatives and other medications without prescription were as high as in Western countries where advertising was allowed—further evidence of their rôle in public health.

M. ANDRE BEDAT (Swiss Pharmacists' Society) reported on a study showing that Swiss pharmacies were visited four to five times more often than were doctors, virtually making the pharmacy "a public health station on the street."

The European Proprietary Association has a membership of individual companies producing over-the-counter medicines and of the relevant national trade associations.

## NOW OF "WORLD TOP RANK"

### Outstanding progress of a Japanese pharmaceutical manufacturer

THE enormous progress made by Japan as a major producer of pharmaceutical products is well exemplified in the story of Takeda Chemical Industries, Ltd. Now with a paid-up capital of ¥15,000 million (£17.5 million), around 29,800 shareholders and 11,900 employees, the business originated in Doshomachi, Osaka, in 1731, as dealers in oriental medicines under the name Ohmi-ya; it was incorporated as a limited company in 1925. According to the company's latest annual report, sales of pharmaceuticals, chemicals and food additives now stand at £100 million a year.

#### Switch to Western Medicines

When, just a hundred years ago, the Meiji Restoration took place in Japan, the country was opened to all the nations of the world. The company then began to handle Western medicines, at first through the intermediary of foreign importers and later by direct importation, particularly from leading European countries. The small Takeda plant was constructed in 1895 for the manufacture of a number of pharmaceutical preparations. In 1915 a pharmaceutical plant was built on the present Osaka site. It was the forerunner of the present comprehensive manufacturing facilities.

Three years later the plant, test department and research laboratory were merged into one organisation under the name of Takeda Seiyaku K.K., its manufactured products continuing to be handled by Ohmi-ya.

A new company, Takeda Pure Chemicals, was established in 1922 to handle exclusively chemical reagents; it later became Wako Pure Chemicals Industries, Ltd., a Takeda subsidiary.

Subsequently Ohmi-ya was reorganised and incorporated under the name of Ch. Takeda & Co., Ltd., which in turn merged with Takeda Seiyaku K.K. Expansion to former colonies like Taiwan and Korea began in 1926. Herbal cultivation centres were opened in Taiwan in 1927 and two years later in Okinawa. A cinchona plantation of modest size was started in Java in 1932, and the present Kyota experimental herbal garden was opened in 1933. With the establishment of Takeda Chemical Products in 1940, production widened to non-pharmaceutical chemicals. That company, now Yoshitomi Pharmaceutical Industries, Ltd., is the largest of the Takeda associates.

Links were established with pharmaceutical manufacturers in Germany, Switzerland and the United States, and since the mid 1950's the company have tended to diversify even more. In 1957 Takeda Food Products Industries, Ltd., was formed to handle food additives. In 1962 a plant was built at Shimizu to produce activated charcoal and latex. Another was set up at Takasago to make flavours. A factory was completed at Shonan, near Tokyo in 1964 to look after the processing of various pharmaceutical preparations in order to cope with increasing demands from the Tokyo area, and two years ago the Tokyo office building was rebuilt near the Central station.

#### United Kingdom Agents

The company's United Kingdom agent for bulk materials, including ascorbic, isonicotinic and folic acids, and pyridoxine hydrochloride are Ferro Metal and Chemical Corporation, Ltd., Victoria House, Vernon Place, Southampton Row, London, W.C.1.



# TRADE REPORT

prices given are those obtained by importers or manufacturers for bulk quantities or original packages. Various values have to be added whereby values are augmented before wholesale dealers receive the goods into stock.

LONDON, DECEMBER 4: The few price changes recorded during the week among CRUDE DRUGS were almost entirely in an upward direction and were indicative of tight supplies for prompt delivery. On the spot LYCOPODIUM rose up 2s. 6d. per lb; SARSAPARILLA by 1s. 6d. per lb. and white SQUILL rose 10s. per cwt. GENTIAN rose 10s. per spot and forward. While Brazilian CAMPHOR was a penny per lb. dearer spot than lower for shipment by the same amount. CAMPHOR was marked up 4s. per kilo although spot holders did not want the rise. The firm tone distended by Seychelles CINNAMON BARK remained as origin quoted 45s. per more than in the previous week. CURRY was lower by between £2-£5 per flask.

ESSENTIAL OIL prices were mostly stable and there were no changes among PHARMACEUTICAL CHEMICALS.

## Pharmaceutical Chemicals

ACETIC ACID.—(12-ton lots in bulk per B.P.C. glacial, £85; 98-100 per cent.; 80 per cent. grades: technical, £68; £74.

ETHYLSALICYLIC ACID.—(Per kilo) 1,000 9s. 2½; 250-kilos, 10s. 0½d.

AMPHETAMINE.—BASE, 150s. per kilo in 50 lots, SULPHATE, 120s.; DEXAMPHETAMINE, 270s. per kilo for 10 kilos.

DIETHYLBARBITONE.—B.P.C. is 68s. 6d. per for less than 100-kilo lots; SODIUM 6d.

BARBITONE.—Under 50-kilos, 52s. 6d. SODIUM, 54s.

AMINAMINE LACTATE.—In 500-gm. lots 5s. per kilo.

AMINOIC ACID.—50-kilo kegs, 6s. 5d. kilo; 100 SALT (in kegs), 6s. 6d.

ACETIC ACID.—B.P. grade in 1-ton and 500 lbs (per ton): Granular, £84; crystals, powder, £90 10s.; extra-fine powder, 10s. per ton in lined hessian bags, 10s. per ton in Great Britain. Less £1 per ton supplied in paper bags. Technical £70 to £80 10s. per ton according to and packing.

AMINOCINE.—(Per oz.) SULPHATE, 10s.; 10d., 12s. 6d. for 100 oz. upwards.

DIETHYLBARBITAL.—Under 50 kilos, 122s.

DIETHYLBARBITONE.—B.P.C. 86s. per kilo for less than 100-kilo lots.

ACETIC ACID.—B.P. GRANULAR (single series per 1,000 kilos in lined bags), 10s., £237; 250-kilos, £232; 1,000 kilos, £237. Premiums: ANHYDROUS, 10 per cent.; PER, £10; CRYSTALS, £10.

AMINOCINE.—35 oz. lots HYDROCHLORIDE, 10s. per oz.; ALKALOID, 115s. per oz. to D.D.A. Regulations.

DIETHYLBARBITONE.—Under 25 kilos, 75s. kilo. CALCIUM, 75s. per kilo.

ETHYLSALICYLIC ACID.—B.P., 12s. 6d. per lb. for 50 lots; 5-cwt., 12s. 3d.

PHOSPHOROUS ACID.—B.P.C. 1959, 10d. per kilo; PURE (50 per cent.), 20s. 9d.

ETHADONE HYDROCHLORIDE.—Subject to A. regulations, 2s. 6d. per gm. for 100 lots.

ETHYLPHENOBARBITONE.—B.P.C., 78s. 3d. kilo for under 25-kilo lots.

BARBITONE.—ALKALOID and HYDROCHLORIDE, 399s. 6d. kilo.

ACETIC ACID.—B.P. £171 per ton.

OPIATES.—Home trade prices (per kilo) (subject to D.D.A. Regulations):—

	1 kilo and over	Under 1 kilo
CODEINE	s. d.	s. d.
ALKALOID ...	2,062 0	2,097 0
HYDROCHLORIDE ...	1,798 0	1,833 0
PHOSPHATE ...	1,569 0	1,604 0
SULPHATE ...	1,798 0	1,833 0
MORPHINE		
ACETATE ...	1,904 0	1,939 0
ALKALOID ...	2,318 0	2,353 0
HYDROCHLORIDE ...	1,886 0	1,921 0
SULPHATE ...	1,886 0	1,921 0
TARTRATE ...	2,256 0	2,291 0
ETHYLMORPHINE		
ALKALOID ...	2,388 0	2,423 0
HYDROCHLORIDE ...	2,045 0	2,080 0
DIAMORPHINE		
ALKALOID ...	2,265 0	2,300 0
HYDROCHLORIDE ...	2,071 0	2,106 0

PENTOBARBITONE.—Less than 100-kilo lots; 93s. per kilo for ACID and 98s. for SODIUM.

PETHIDINE HYDROCHLORIDE.—Subject to D.D.A. regulations, 5-kilo lots, 300s. kilo.

PHENOBARBITONE.—50-kilo lots, 55s. 3d. per kilo, SODIUM, 60s. 9d.

PHOLCODINE.—8-oz. lots, 91s. 6d. per oz. (3,227s. per kilo).

PHOSPHORIC ACID.—B.P. (s.g. 1,750); 10-drum lots, 156s. 10s. per cwt.; 54-kilo lots in bottles, 4s. 9d. per kilo.

PTHALYSULPHATHIAZOLE.—5-kilo lots, 32s. 6d. per kilo; 50-kilos, 31s. 6d.

PILOCARPINE.—1-kilo lots, HYDROCHLORIDE, 1,621s. 6d.; NITRATE, 1,463s.

POTASH SULPHURATED.—B.P.C., 1959 8s. 10d. per kilo in 50-kilo drums.

POTASSIUM ACETATE.—(Per lb.) 1-cwt. lots, 3s.; 5-cwt., 2s. 8d.; 10 cwt., 2s. 6d.

POTASSIUM ACID TARTRATE.—B.P. in one-ton lots, 286s. per cwt., 295s.; 1-cwt. 300s.

POTASSIUM BICARBONATE.—B.P. powder, 110s. per cwt. 1-4 cwt. lots and 105s. per cwt. for 5-cwt. and over.

POTASSIUM CARBONATE.—50-kilo kegs 6s. 7d. per kilo.

POTASSIUM CHLORIDE.—Pure, 50-kilo sacks, 3s. 7½d. per kilo.

POTASSIUM HYDROXIDE.—(Per kilo), Pellets, B.P., 9s. 6d.; sticks, ½-kilo in bottles, 30s. 10d.; technical flake, 4s. 5½d.

POTASSIUM PERMANGANATE.—B.P. in 1-cwt. lots, 2s. 0½d. per lb. Technical, 218s. 6d. per cwt.; 1-ton lots, quoted at 207s. per cwt.

POTASSIUM PHOSPHATE.—B.P.C. 1949, 50-kilo kegs of powder, 9s. 3d. per kilo, GRANULAR, 9s. 4d.

POTASSIUM SULPHATE.—B.P.C. '49, 1s. 2d. per lb.

POTASSIUM THIOCYANATE.—50-kilo lots, 14s. 7d. per kilo in kegs.

PREDNISONE.—1-kilo lots, ALCOHOL and ACETATE, 6s. 6d. per gm.

PYROGALLIC ACID.—1-cwt. photographic crystals, 32s. 3d. per lb.

QUINALBARBITONE.—SODIUM and ACID are 99s. for less than 25-kilo lots.

SACCHARIN.—B.P. powder, 1 lb. and over 15s. 6d. per lb.; SODIUM SALT, B.P., 14s.

SALICYLAMIDE.—250-kilos, 13s. 3½d. per kilo.

SALICYLIC ACID.—250-kilos, 7s. 3d. kilo.

SUCCINIC ACID.—One-ton £149 in drums.

SUCCINYL-SULPHATHIAZOLE.—5-kilo lots, 46s. per kilo; 50-kilos, 45s. kilo.

SULPHACETAMIDE.—50-kilo lots, 54s. per kilo; SODIUM, 55s.

SULPHADIAZINE.—50-kilo lots, 46s. 8d. kilo.

SULPHADIMIDINE.—50-kilo lots are 29s. per kilo.

SULPHAGUANIDINE.—100-kilo lots, about 19s. 6d. per kilo.

SULPHAMERAZINE.—In 50-kilo lots, 37s. 6d. per kilo.

SULPHAMETHIZOLE.—B.P. Under 50-kilos, 85s. per kilo.

SULPHANILAMIDE.—50-kilo lots, 13s. 1d. per kilo.

SULPHAPYRIDINE.—6-kilo lots, 120s. per kilo.

SULPHATHIAZOLE.—100 kilos, 39s. per kilo; 50 kilos, 40s.

TANNIC ACID.—B.P. fluffy, 10s. 6d. per lb. (5-cwt. lots) and powder, 10s. 3d.

TARTARIC ACID.—(In bags), 1-ton lots, 342s. per cwt.; 5-19 cwt., 351s.; 1 cwt., 356s. If supplied in drums add 8s. cwt.

THIOGLYCOLLIC ACID.—Basic rates per lb. 97-98 per cent., 26-lb. packs, 15s. 6d.; 75 per cent., 11s. 6d. AMMONIUM THIOGLYCOLLATE 40 per cent., pH 9.3 (24-lb. packs), 7s.; MONOETHANOLAMINE THIOGLYCOLLATE, pH 9.9 40 per cent. 10s. 2d. All carriage paid United Kingdom and subject to purchase tax.

## Crude Drugs

CAMPHOR.—B.P. powder, 42s. kilo; 38s., c.i.f.

CINNAMON.—(c.i.f.) Seychelles bark, 485s. cwt. Ceylon quills, five 0's, 9s. 4d.; four 0's, 8s. 7d.; two 0's, 8s. 4d.; firsts, 6s. 8d.; quillings, 4s. 6d.; chips, 2s. 5d.

GENTIAN.—Spot, 330s. cwt.; 320s., c.i.f., nominal.

GINGER.—(Per cwt.)—Sierra Leone, 205s. spot; Cochin new crop, 265s., c.i.f. Jamaican No. 3, 360s. spot; Nigerian split, 170s.; spot; 135s., c.i.f.; peeled, 167s. 6d.

JALAP.—Mexican, 6s. 3d. lb. spot; 6s., c.i.f. Brazilian, 2s. 3d. nominal; 2s., c.i.f.

LYCOPODIUM.—Spot, 47s. 6d. lb. nominal.

MERCURY.—Spot, £218-£223 per flask of 76 lb. ex warehouse.

NUTMEGS.—(Per lb., c.i.f.) West Indian, 80's, 6s.; sound assorted, 5s., defectives, 3s. 10d. East Indian, 80's, 5s. 9d.; 110's, 4s. 10½d. b.w.p., 3s. 5½d.

PEPPER.—Sarawak white, 3s. on spot; 2s. 11½d., c.i.f.; black, 2s. 6d. spot; 2s. 3½d., c.i.f.

SEEDS.—(Per cwt.) ANISE.—China star, 300s., nominal. CELERY.—Indian, no offers spot; shipment, 345s., c.i.f. after 340s., paid. CORIANDER.—Moroccan, 67s. 6d., spot; 62s. 6d., c.i.f. Rumanian whole, 70s., and splits, 64s. both duty paid. CUMIN.—Iranian, 155s., duty paid; 147s. 6d., c.i.f. DILL.—Indian, 165s., spot; 142s. 6d., c.i.f. FENNEL.—Chinese, 110s., duty paid. FENUGREEK.—Moroccan, 74s., duty paid; 57s. 6d., c.i.f. MUSTARD.—English, 65s. to 95s., as to quality. Brown, 105s.

SQUILL.—WHITE, 190s., cwt.; 180s., c.i.f.

## Essential and Expressed Oils

ANISE.—Chinese, 16s. lb.; 15s., c.i.f. CITRONELLA.—Ceylon, 6s. 9d. per lb. spot, 6s. 5d., c.i.f.; Formosan, 6s., in bond; 6s. 6d., c.i.f.; Chinese, 5s. 1d., in bond; 5s. 1d., c.i.f.

## UNITED STATES REPORT

NEW YORK, DECEMBER 3: The price of TRAGACANTH remained firm but unchanged. Higher rates are quoted for CLOVE BUD OIL at \$5.75-\$6.25 lb. TARTARIC ACID supplies were tight, prolonged dock strikes in eastern Gulf coast ports adding to the difficulties.



## PATENTS

### COMPLETE SPECIFICATIONS ACCEPTED From the "Official Journal (Patents),"

November 20

*Biologically active decapeptides and process for their preparation.* Organon Laboratories, Ltd. 1,138,767.

British patent specifications relating to the above will be obtainable (price 4s. 6d. each) from the Patents Office, 25 Southampton Buildings, Chancery Lane, London, W.C.2, from January 1.

### From the "Official Journal (Patents),"

November 27

*Production of a derivative of benzofuran.* FMC Corporation, 1,139,001.

*Bromophenol derivatives.* FMC Corporation, 1,139,002.

*Resolution of racemic steroids.* Jenapharm Veb., 1,139,019.

*Chlorflavin.* Beecham Group, Ltd. 1,139,041.  
*Device for testing artificial eyelashes.* Eylure, Ltd. 1,139,044.

*Process for producing 5'-purine nucleotides.* Kyowa Hakko Kogyo Co., Ltd. 1,139,097.

*Production of alkali-stable glycosides.* Corn Products Co. 1,139,110.

*Purification of enzyme inhibitors.* Farbenfabriken Bayer, A.G. 1,139,123.

*Benzofuran derivatives and processes for preparing the same.* Soc. Belge de l'Azote et des Produits Chimiques du Marly. 1,139,146.

*New heterocyclic acetic acid compounds and methods for their production.* Parke, Davis & Co. 1,139,164.

*Germicidal compositions comprising 1-bromo-3-chloro-5,5-dimethyl hydantoin.* L.M.G. Padilla. 1,139,188.

*Preparation of choline salts or organic acids.* Etabs. Kuhlmann. 1,139,190.

*Liquid fertilizers.* Albright & Wilson (Mfg.), Ltd. 1,139,191-92.

*Water distillation plant.* G. & J. Weir, Ltd. 1,139,238.

*Therapeutic compositions for counteracting haemorrhage.* E. Revici. 1,139,242.

*Process for purifying ethylene glycol.* E. I. Du Pont de Nemours & Co. 1,139,283.

*Reductive aromatisation of steroids and intermediates used therein.* Organon Laboratories, Ltd. 1,139,326.

*Peptides having eldoisine activity and a process for their manufacture.* Schering, A.G. 1,139,333.

*Trifluoromethyl-substituted phenyl carbamates and thiocarbamates, their preparation and use as anthelmintics.* Agripat, S.A. 1,139,343.

*Process for the production of concentrated aqueous emulsions.* Chemische Fabrik Pforsee, G.m.b.H. 1,139,362.

*Process of preparing 5'-nucleotides.* Ajinomoto Co., Inc. 1,139,365.

*bis-Thienyl-1,3,4-oxadiazoles, their production and use.* CIBA, Ltd. 1,139,369.

*1,4,4-Trisubstituted piperidines.* Aldrich Chemical Co., Inc. 1,139,386.

*Preparation of 10 $\alpha$ -methyl steroids.* T. D. Threadgold (Philips') Gloeilampenfabrieken, N.V.). 1,139,411.

*Surgical cements.* National Research Development Corporation. 1,139,430.

*Adhesive strip dressing.* G. Girardiere. 1,139,444.

*Imidazole derivatives and a process for the manufacture thereof.* F. Hoffmann-La Roche & Co., A.G. 1,139,455.

*2-Phenylamino-2-oxazolines and their production.* Farbenfabriken Bayer, A.G. 1,139,458.

*Method of extracting helveticoside and corchoroside A.* Kutnowski Zaklady Farmaceutyczne "Polfa". 1,139,466.

*Methods and compositions for treating helminthiasis.* Merck & Co., Inc. 1,139,500.

*Process for the production of 17 $\alpha$ -monoesters of 17 $\alpha$ -hydroxy-20-keto-steroids.* Glaxo Laboratories, Ltd. 1,139,505.

*Steroid 17-esters.* Glaxo Laboratories, Ltd. 1,139,506.

*5-Substituted-2-oxozolidinones.* A. H. Robins Co., Inc. 1,139,524-25.

*Cephalosporin compound.* Eli Lilly & Co. 1,139,583.

*Process for the manufacture of moenamycin by*

*fermentation.* Farbwerke Hoechst, A.G. 1,139,589.

*Cyclopentanone derivatives.* Farbenfabriken Bayer, A.G. 1,139,629.

*Salicylanilide derivatives and their use in pesticidal compositions.* Monsanto Co. 1,139,638.

*Cephalosporin compounds.* Eli Lilly & Co. 1,139,647.

*Organotin chlorobenzyl esters, their preparation, and their use as herbicides.* United States Borax and Chemical Corporation. 1,139,651.

*Administration of medicaments and the like.* University of Sydney, Australia. 1,139,654.

*3,4-Dichloroisothiazole derivatives and herbicidal composition containing them.* Pennsalt Chemicals Corporation. 1,139,690.

British patent specifications relating to the above will be obtainable (price 4s. 6d. each) from the Patents Office, 25 Southampton Buildings, Chancery Lane, London, W.C.2, from January 8, 1969.

## TRADE MARKS

### APPLICATIONS ADVERTISED BEFORE REGISTRATION

"Trade Marks Journal", November 13,  
No. 4707

Device B924,380, by John King (Films), Ltd., Brighton, Sussex. For photographic projection apparatus; photographic and tape recording apparatus and instruments; and photographic viewers (9)

ANTISOL, 906,402, by Aerosmoke, Ltd., Newbury, Berks. For medical apparatus (10)

AMPLIVOX SECRETE 925,418, by Amplivox, Ltd., Wembley, Middlesex. For hearing aids for the deaf and parts (10)

SONA STREAM, 921,801, by Bennett Industries, Inc., Peotone, Illinois, U.S.A. For toothbrushes (electric and non-electric) (21)

"Trade Marks Journal", November 20,  
No. 4708

COLOLOK, 911,554, by Guardian Chemical Corporation, New York, U.S.A. For cosmetics; non-medicated toilet preparations; and preparations for fixing colour in the hair (3)

WITCH AID, 912,983, WITCH DOCTOR, 912,985, by Ethichem, Ltd., London, W.6. For cosmetics in the form of lotions, creams and gels (3)

STOP AND GO, ZENDIUM, 914,424-25, by INTEC Proprietaries, Ltd., Morden, Surrey. For soaps, perfumes, non-medicated toilet preparations, cosmetics, preparations for the hair, dentifrices and mouth washes (being toilet articles not medicated) (3)

Device, B918,112, by Guerlain, Ltd., Perivale, Middlesex. For perfumes, face powder, face creams, toilet soap, eyebrow pencils, eyelash colouring, rouge, cold cream, talcum powder, lip-sticks, pomades, preparations for the hair, eye shadow, lotions, eau de Cologne, toilet waters, astringent creams, sun-tan oil; all being non-medicated toilet preparations (3)

REBELLION, 918,339, by Boots Pure Drug Co., Ltd., Nottingham. For non-medicated toilet preparations, perfumes, soaps, cosmetic preparations, dentifrices, depilatory preparations, toilet articles, sachets for use in waving the hair, shampoos and essential oils (3)

TENDER COLOUR BY VITAPOINTE, B918,909, by Fisons Pharmaceuticals, Ltd., Loughborough, Leics. For soaps, perfumes, cosmetics and hair lotions, all containing colouring matter for modifying the colour of the hair or skin; and hair colourants (3)

TENDERLY BLONDE BY VITAPOINTE, B918,911, by Fisons Pharmaceuticals, Ltd., Loughborough, Leics. For non-medicated toilet preparations, essential oils; and cosmetics, hair lotions and hair colourants; all for lightening the colour of the hair and skin (3)

BABY LOVE, 920,841, by INTEC Proprietaries, Ltd., Morden, Surrey. For soaps; non-medicated toilet preparations; hair lotions; dentifrices and toilet articles; all for babies (3)

S'CUSE ME, 920,849, VALOCIL, 920,855, by INTEC Proprietaries, Ltd., Morden, Surrey. For soaps, perfumes, non-medicated toilet

preparations, essential oils, cosmetics; preparations for the hair; dentifrices and toilet articles (3)

Device, B920,876, by Johann Maria Farna Gegenuber dem Julichs-Platz, Cologne, Germany. For soaps, eau de Cologne; perfumes, perfumed non-medicated toilet preparations, essential oils, cosmetics, dentifrices, hair lotions; cloths and pads, all impregnated with eau de Cologne, for freshening purposes; and non-medicated preparations for protecting the skin against the sun and climatic conditions (3)

BUS-BEE, 922,336, by Busby Products, Ltd., London, S.E.27. For liquid cleaning preparations (3)

LUSTEROL, 922,026, by Chesebrough Pond's, Ltd., London, N.W.10. For non-medicated toilet and cosmetic preparations and shampoos (3)

COLGATE (device), 924,890, by Colgate-Palmolive Co., New York, U.S.A. For dentifrices, toilet soaps, talcum powder for toilet purposes, perfumes, and preparations for applications to the skin to facilitate shaving (3)

WITCH AID, 912,984, WITCH DOCTOR, 912,986, by Ethichem, Ltd., London, W.6. For medicated preparations for use on the skin and scalp, all in the form of lotions, creams and gels (5)

WITCHCRAFT, 912,987, by Ethichem, Ltd., London, W.6. For medicated preparations for use on the skin and scalp (5)

EMORPIL, 914,075, by Societa Farmaceutici Italia, Milan, Italy. For pharmaceutical tablets for use in antihemorrhoidal therapy (5)

PETAPET, B914,941, by Walter Ellson & Son, Ltd., Nantwich, Ches. For veterinary preparations and substances, disinfectants, preparations for killing weeds and destroying vermin (5)

BASF, 918,680, by Badische Anilin & Soda-Fabrik, A.G., Ludwigshafen-on-Rhine, Germany. For herbicides and pesticides (5)

FITOREX, 918,741, by CIBA, Ltd., Basle, Switzerland. For chemical preparations for killing weeds and destroying vermin; insecticides (5)

BABYMED, B920,844, by INTEC Proprietaries, Ltd., Morden, Surrey. For pharmaceutical preparations and substances for human use; medicated bath preparations; sanitary substances; sanitary articles; disinfectants, deodorants and antiperspirants; all for babies (5)

TINY WORLD, 920,854, by INTEC Proprietaries, Ltd., Morden, Surrey. For pharmaceutical preparations and substances for human use; medicated bath preparations; sanitary substances; sanitary articles; disinfectants, deodorants and anti-perspirants (5)

STAN-WICK, B923,645, by Stanley Home Products, Inc., Westfield, Massachusetts, U.S.A. For deodorants; preparations for purifying the air; insect repelling and destroying preparations; bactericides and germicides (5)

ALTILEV, 923,869, by E. R. Squibb & Sons, Twickenham, Middlesex. For antidepressant and tranquillising preparations, all being pharmaceutical preparations (5)

E (device), B924,992, by W. C. Evans & Co. (Eccles), Ltd., Eccles, Manchester. For pharmaceutical, veterinary and sanitary preparations and substances; disinfectants; deodorants; insecticides, bactericides and larvicides (5)

HUMONE, 925,278, by Crooke's Laboratories, Ltd., Basingstoke, Hants. For pharmaceutical preparations containing hormones (5)

TORUCCELL, 926,233, by Zellstoffabrik Waldhof, Mannheim-Waldhof, Germany. For dry yeast for medical purposes (5)

GALMEDA, 927,159, by Galmeda, G.m.b.H., Dusseldorf, Germany. For pharmaceutical preparations and substances for human and veterinary use; preparations for killing weeds and destroying vermin; sanitary substances (5)

POPLA (device), B924,163, B924,166-6-7, by N.V. Papierfabriek Gennepe, Gennepe, Holland. For sanitary clothing, sanitary towels, bandages, material prepared for bandaging,



ical and surgical dressings and pharmaceutical cotton wool (5) for facial tissues and eye-up tissues, etc., all made of textile materials (24) and for pants, diapers and nap-of textile materials, etc., all for babies

NA MERRY-GO-ROUND, 916,253, by Haking Industries (Mechanics and Opt., Ltd., Quarry Bay, North Point, Hong g. For photographic slide projectors incorporating a rotary slide magazine (9), 918,957, by Telephone Rentals, Ltd., London, S.W.7. For photographic, cinematographic and optical apparatus and instruments, etc. and parts and fittings (9) (device), 925,136, by Crown Brush Co., Slough Bucks. For brushes (21)

## NEW COMPANIES

Private Company. R.O.=Registered Office. D COSMETICS, LTD. (P.C.). — Capital Directors: Marcel Martin (U.S.A.), h R. Martin (Italy), and Francis Strauss, directors Highgate Optical & Industrial Ltd.). R.O.: 184 Gt. Portland Street, London, W.1.

LEYS PHARMACIES, LTD. (P.C.). — Capital £1,000. Directors: Geoffrey Foley and en Foley, Stocksfield, Kettleshulme, port, Ches.

AHAM CAREY, LTD. (P.C.).—Capital To carry on the business of chemists. Directors: Graham F. Carey, M.P.S. and ia M. Carey. R.O.: 225 Cathedral Road, ff.

R. HUDSON (CHEMIST), LTD. (P.C.). Capital £1,000. To carry on the business chemists, druggists, etc. Directors: William lowat and Gillian R. Mowat, 64 Roberts , Hazlemere, Bucks.

RVEY SINCLAIR, LTD. (P.C.).—Capital 100. To carry on the business of chemists druggists, etc. Directors: Sylvia Wiseman, A. Godfrey, M.P.S. and Harvey J. air. R.O.: 389 Lordship Lane, London, 2.

ENRY MOSS LONDON DRUG STORE, (P.C.).—Capital £100. To carry on the ess of drug merchants and dealers, etc. iberists: Gerald Phillips and Lawrence S. ond. R.O.: Chancery House, Chancery London, W.C.2.

THARM, LTD. (P.C.) — Capital £100. carry on the business of wholesale and chemists and druggists, etc. Solicitor: i. Patel, 6 Welbeck Close, New Malden, y.

CCADILLY DRUGSTORE, LTD. (P.C.). Capital £100. Subscribers: Muriel Goldstein Brian Goldstein, 70 Finsbury Pavement, on, E.C.2.

## NOTES ON NEW MEDICAMENTS

ACTIN.—Chemistry: 1-methyl-4-(5-dibenzo e, el-cycloheptatrienylidene)-piperidine (approved name cyproheptadine). It sometimes pends that a secondary effect of a drug y have a therapeutic potential greater an that indicated by its primary use. Thus cyroheptadine is well-known for its anti-tamine and antiserotonin properties, but ore recently it has attracted new interest an appetite stimulant. This action was chance discovery, noted when the drug s compared with chlorpheniramine in the atment of asthmatic children. Those ients receiving cyproheptadine showed aarked increase in appetite and correspond-g gain in weight. The gain is not due o the retention of water, as the drug has hormonal properties, and the mode of ion is not clear. Cyproheptadine can reuce the appetite-depressant action of am-etamine, which suggests that it has a ntral action. That action may be mediated y the reduction of blood sugar level that cecurs during cyproheptadine treatment. An creased utilisation of glucose could inence the hypothalamic centres in the brain at normally control appetite, and further ork may throw fresh light on this interest-g aspect of cyproheptadine therapy.

## COMING EVENTS

Items for inclusion under this heading should be sent in time to reach the Editor not later than first post on Wednesday of the week of insertion.

### Monday, December 9

CHEMICAL SOCIETY, Lecture theatre, Chemistry Department, The University, Keele, at 5 p.m. Professor G. W. Kirby (Loughborough University) on "Some Aspects of Alkaloid Biosynthesis."

FINCHLEY BRANCH, PHARMACEUTICAL SOCIETY, Arnos Arms hotel, Arnos Grove, London, N.11, at 8 p.m. Professor N. J. Harper (head of department of pharmacy, University of Aston, in Birmingham) on "Recent Developments in Analgesics."

HERTFORD BRANCH, PHARMACEUTICAL SOCIETY, Merck, Sharp & Dohme, Ltd., Hoddesdon, at 8 p.m. Mr. A. L. Downing, director, Water Pollution Research Laboratory) on "Water Pollution Problems in Great Britain."

KODAK PHOTOGRAPHER OF THE MONTH EXHIBITION, Kodak House, Kingsway, London, W.C.2. Exhibition of black and white photographs by Mr. J. Allan Cash, 9 a.m. to 5 p.m. daily until December 24 except Saturdays and Sundays. Admission free. Also display of colour photographs by Mr. Desmond Groves. Until January 16, 1969. Closed December 25-27. Details otherwise as above.

MID-GLAMORGAN BRANCH, PHARMACEUTICAL SOCIETY, Railway hotel, Bridgend, at 8 p.m. Mr. R. Blyth (Editor of the Society's journal) on "Official Journalism."

SOUTHAMPTON BRANCH, PHARMACEUTICAL SOCIETY, Postgraduate medical centre, Southampton, General Hospital, Tremona Road, Southampton, at 7.30 p.m. Colonel Allison Ind on "Traps and Tricks in the Spy Trade."

SOUTH-WEST LONDON CHEMISTS' ASSOCIATION, Lambeth town hall, Acre Lane, London, S.W.2, at 8 p.m. Mr. P. H. Constable on "Future Development of the Health Service."

### Tuesday, December 10

AYRSHIRE BRANCH, PHARMACEUTICAL SOCIETY, Market hotel, Kilmarnock at 7.30 p.m. Mr. C. G. Drummond on "History of Pharmacy in Scotland."

COVENTRY AND WARWICKSHIRE BRANCH, PHARMACEUTICAL SOCIETY, Tudor House, Spon Street, Coventry, at 8 p.m. Professor D. A. Norton (head of the School of Pharmacy, University of Bath) on "Pharmaceutical Education."

EXETER BRANCH, PHARMACEUTICAL SOCIETY, Rougemont hotel, Exeter, at 7.30 p.m. Professor G. E. Trease on "History of Pharmacy in the South-west."

GLOUCESTERSHIRE BRANCH, NATIONAL PHARMACEUTICAL UNION, Royal hotel, Station Road, Gloucester at 8 p.m. Meeting to discuss the exclusive use of metric system in dispensing.

PHARMACY DEPARTMENT, HERIOT-WATT UNIVERSITY, Grassmarket, Edinburgh, at 8 p.m. Dr. W. Inglis Lamont on "Prescribing—What and Why." (extension course.)

HULL CHEMISTS' ASSOCIATION, Postgraduate centre, Hull Royal Infirmary, at 8 p.m. Mr. A. Royle on "History of Hull."

SOUTH-EAST METROPOLITAN BRANCH, PHARMACEUTICAL SOCIETY, Forest Hill Sports & Dining Club, Ltd., 68 Perry Rise, London, S.E.23, at 8 p.m. Working supper. Speaker: Mr. A. G. M. Madge (a member of council).

THANET BRANCH, PHARMACEUTICAL SOCIETY, Endcliffe hotel, Cliftonville, at 7.45 p.m. Christmas social.

WIGAN AND ST. HELENS BRANCH, PHARMACEUTICAL SOCIETY, Abbey Lakes hotel, Orrell, Wigan, at 8 p.m. Speaker: Mr. F. V. Thomas (John Harvey & Sons, Ltd.) and tasting of table wines. (Open meeting.)

### Wednesday, December 11

BOURNMOUTH BRANCH, PHARMACEUTICAL SOCIETY, Pontins, Ltd., Wick Ferry, Christchurch, at 7.30 p.m. Christmas dance.

NORTHUMBRIAN BRANCH, PHARMACEUTICAL SOCIETY, Border Minstrel hotel, Gosforth Park, at 7.45 p.m. Wine and cheese evening.

OFFICE OF HEALTH ECONOMICS, Imperial Col-

lege of Science and Technology, London, S.W.7, at 6 p.m. Dr. E. M. Glaser (director of research and development, Riker Laboratories) on "Organisation of Research" (lecture course).

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN, 17 Bloomsbury Square, London, W.C.1, at 7 p.m. Dr. E. F. Hersant on "Pharmaceutical Analysis and the British Pharmacopoeia" (Harrison Memorial lecture).

PRESTON BRANCH, PHARMACEUTICAL SOCIETY, Royal Air Force Association club, Preston, at 7.45 p.m. Dr. K. R. Capper on "Pharmacists and the Pharmaceutical Sciences."

ROMFORD BRANCH, PHARMACEUTICAL SOCIETY, Macarthis, Ltd., Chesham Close, Romford, at 8 p.m. Cheese and wine evening.

ROYAL INSTITUTE OF CHEMISTRY, Room C133, Chemistry Department, University of Strathclyde, Glasgow, at 7.30 p.m. Dr. A. Balfour Sclaire (psychiatry department, Eastern District Hospital, Glasgow) on "Drug Addiction."

SCOTTISH DEPARTMENT, PHARMACEUTICAL SOCIETY OF GREAT BRITAIN, 36 York Place, Edinburgh, at 7.45 p.m. Mr. J. A. Myers (group chief pharmacist, Edinburgh Royal Infirmary) on "Pharmaceutical Department of the Royal Infirmary, Edinburgh, and Associated Hospitals."

SOUTH SHIELDS PHARMACISTS' ASSOCIATION, King's hall, South Shields, at 8 p.m. Staff dance.

### Thursday, December 12

BIRKENHEAD AND WIRRAL PHARMACISTS' ASSOCIATION, Eagle & Crown hotel, Upton, at 7.30 p.m. Christmas party.

DURHAM COUNTY BRANCH, PHARMACEUTICAL SOCIETY, Three Tuns hotel, Durham, at 8 p.m. Professor A. H. Beckett on "Problems of Dope in Sport."

GLASGOW AND WEST OF SCOTLAND BRANCH, PHARMACEUTICAL SOCIETY, Staff club, Livingstone Tower, Glasgow, at 7.45 p.m. Australian evening. Dr. R. Parfitt on "Australia" and tasting of Australian wines.

LEEDS BRANCH, PHARMACEUTICAL SOCIETY, Great Northern hotel, Leeds at 8 p.m. Dr. N. Montgomery on "Use and Abuse of Hypnosis in Psychotherapy."

MANCHESTER AND SALFORD BRANCH, PHARMACEUTICAL SOCIETY, Roscoe theatre, Manchester University, at 8 p.m. Dr. R. M. Stirling on "Recent Advances in Antibiotics" (Refresher course).

### Friday, December 13

CHEMICAL SOCIETY, ROYAL INSTITUTE OF CHEMISTRY AND SOCIETY FOR ANALYTICAL CHEMISTRY, University College, Cathays Park, Cardiff, at 7 p.m. Dr. D. C. Garratt on "Progress in Drug Control."

SALISBURY BRANCH, NATIONAL PHARMACEUTICAL UNION, Board room, Red Lion hotel, Milford Street, Salisbury, at 7.45 p.m. Annual meeting.

### Advance Information

INTERNATIONAL EXHIBITION FOR COSMETICS, BEAUTY CULTURE AND HYGIENE WITH 71st GERMAN SOAP FAIR (Kosmetika 69), Fair Grounds, Düsseldorf, Western Germany, September 26-30, 1969. A new exhibition organised by Düsseldorf Messegesellschaft, m.b.H. NOWEA, 4 Düsseldorf 10, Postfach 10203, Western Germany.

WORLD PACKAGING EXHIBITION (WORLD PACK-MACROPACK), Utrecht, Holland, April 22-29, 1970. New exhibition incorporating International packaging exhibition (Macropack) organised by Royal Netherlands Industries Fair.

### Courses and Conferences

BIRMINGHAM BRANCH, PHARMACEUTICAL SOCIETY, University of Aston, Gosta Green, Birmingham. A refresher course of ten weekly lectures is being held commencing at 7.45 p.m. on January 9. Fee: £2 2s. Details from Mr. P. J. Windram, 39 Nicholas Street, Streety.

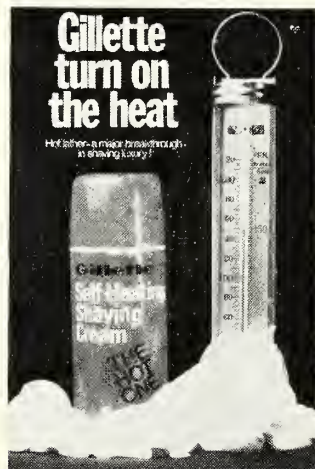
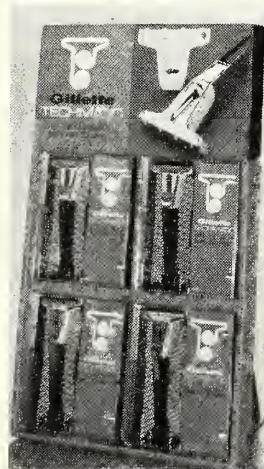


## PRINT AND PUBLICITY

TO assist in creating an initial demand for their home-brew kits for beer and stout, Carter Bros., Glen Laboratories, Shipley, Yorks, offer chemists counter leaflets and an empty kit for display. Advertising is currently appearing in *Amateur Winemaker*, and the manufacturers also point out the interest created by local evening classes in home brewing. All kits now contain tokens that may be collected and ex-

### Booklets and leaflets

BRITISH CELANESE, LTD., chemicals and plastics group MR4, 345 Foleshill Road, Coventry, CV6 5AE: "Celmor corrosion resistant polypropylene glass fibre laminate" (4-p leaflet). ANDRÉ PHILIPPE, LTD., 71 Gowan Avenue, London, S.W.6: André Philippe gift merchandise. In *Woman, Woman's Own, Woman's Realm, Go Girl, She, New Musical Express, True Story, True Romances, Valentine, Honey, Woman's Story, Fabulous, Petticoat, Trend, 19, Intro, Novo* and *What's On in London*.



**PRESENT-TIME PROMOTIONS:** Left, Merchandiser produced by Gillette Safety Razor Co. to promote their Techmatic razor during the Christmas selling period. Each unit contains six packs — four on show and two in reserve. Centre, Showcard produced by Messrs. Gillette to promote sales of their Hot One self-heating aerosol shaving cream during the pre-Christmas period. Right: Plastic-formed display unit holding three sizes of Vitalis liquid plus two aerosol packs.

changed for a free home-brewing hydrometer. A new ingredients price list is available.

### PUBLICATIONS

#### Medical Propaganda

Manufacturers' leaflets, folders, booklets, etc., directed to doctors but available to pharmacists  
ASTRA-HEWLETT, LTD., King George's Avenue, Watford, Herts: "Hemineorin in agitated, confused and convulsant states;" "Hemineorin in treatment of alcoholism;" "Hemineorin in pre-eclamptic toxemia of pregnancy" (8-p. booklets).  
BELCHAM RESEARCH LABORATORIES, Great West Road, Brentford, Middlesex: "Flugen HK" (file card).  
BERK PHARMACEUTICALS, LTD., Godalming, Surrey: "Tetrachel" (file card).  
H. R. NAPP, LTD., Watford, Herts: "Cyprol expectorant" (file card).  
G. D. SEARLE & CO., LTD., High Wycombe, Bucks: "Planning your family with Demulen O-S" (leaflet for patients). "Demulen O-S" (file card).

## CONTEMPORARY THEMES

### Subjects of contributions in current medical and technical publications

LIGNIN, a bile-salt sequestering agent. *Lancet*, November 30, p. 1170.  
CLINICAL PHARMACY. Experience with a course in I: the preliminary planning stage. *Amer. J. hosp. Pharm.*, October, p. 550.  
CANINE DISTEMPER. Resistance against, induced by measles virus. I: measles vaccination in the presence of distemper antibodies. *Vet. Rec.*, November 30, p. 554.  
EXPERIMENTAL ARSANILIC ACID POISONING IN PIGS. *Vet. Rec.*, November 30, p. 560.  
CONFERENCE ON DRUG ABUSE. *J. Amer. med. Ass.*, November 4, p. 1263.  
METHYSERGIDE. Retroperitoneal fibrosis after. *J. Amer. med. Ass.*, October 28, p. 1041.  
LITHIUM SALTS in affective psychoses. *J. Amer. med. Ass.*, October 28, p. 1045.  
VIRAL HEPATITIS due to illicit parenteral drugs. *J. Amer. med. Ass.*, October 28, p. 1048.  
PSYCHOACTIVE DRUGS. Equivalence and persist-

ence of the effects of, and past experience. *Nature*, November 30, p. 885.  
AFLATOXIN 3<sub>1</sub>. Antineoplastic activity of. *Nature*, November 30, p. 931.  
MASSIVE SODIUM PENICILLIN THERAPY. Hypokalaemia, metabolic alkalosis, and hypernatraemia due to. *Brit. med. J.*, November 30, p. 550.

## Prescribers Press

What doctors are reading about developments in drugs and treatments

DISSATISFIED with published reports on the removal of wax from the ear, Dr. J. I. Horowitz, Ruislip, Middlesex, carried out an *in vitro* test on the effect of various solvents on a hard piece of wax removed from a patient's ear 3 months previously. Pieces of the wax were immersed in five samples of ear drops in tubes, the tubes being shaken each hour for six hours. After that observations were made daily for a week. The wax was unchanged after a week in either Cerumol or olive oil and had only disintegrated slightly in Dioctyl. In Xerumenex there was slight disintegration after three hours and substantial disintegration at the end of a week. Best results were obtained with Waxesol in which the wax had completely disintegrated by the end of the first day (*B.M.J.*, November 30, p. 583).

LIGNIN, a reinforcing material from plant tissue, has been used successfully to control the diarrhoea that follows massive resection of the distal small intestine. The diarrhoea is caused in part by an excess of bile salts passing to the colon and acting as a cathartic agent. In the whole intestine, most of the bile salts are reabsorbed in the ileum and only a small proportion is lost by way of the stool. According to workers at Edinburgh Royal Infirmary, treatment should ideally consist of oral replenishment of the duodenal bile salts and then removal of bile salts distal to the jejunum. The latter can be accomplished by binding to the resin cholestyramine, but that is a bulky, unpleasant substance not well tolerated by patients in poor health. Lignin has been found to act also as an adsorbent for bile acids and the authors describe its use in one patient. It was administered filled into gelatin capsules (prepared by Therapharm, Ltd., King Lynn, Norfolk) (*Lancet*, November 30, p. 1170).

## COMMERCIAL TELEVISION

The information given in the table is of number of appearances and total screen time in seconds. Thus 7/105 means that the advertiser's announcement will, during the week covered, be screened seven times and for a total of 105 seconds.

Period—December 15-21														
PRODUCT	London	Midland	Lancashire	Yorkshire	Scotland	Wales & West	South	North-east	Anglia	Ulster	Westward	Border	Grampian	Eireann
Anadin ...	2/60	3/90	3/90	2/60	2/60	1/30	—	3/90	2/60	1/30	3/90	2/60	2/60	—
Buttercup syrup ...	—	—	2/22	2/30	—	—	—	—	—	—	—	—	—	—
Horlicks ...	—	—	—	—	—	—	2/60	—	—	—	—	—	—	—
Ronson automatic toothbrush	—	—	—	—	—	2/90	3/135	—	—	—	—	—	—	—
electric shavers ...	3/90	2/60	3/90	2/60	2/60	2/60	3/90	3/90	2/60	3/90	3/90	2/60	2/60	—
Escort hair dryers ...	3/135	1/45	1/45	2/90	2/90	2/90	2/90	2/90	2/90	2/90	1/45	2/90	1/45	—
Rio hair dryers ...	3/90	2/60	1/30	1/30	1/30	1/30	2/60	2/60	2/60	2/60	1/30	2/60	2/60	—
Sparklets syphons ...	3/90	2/60	1/30	3/90	2/60	5/150	3/90	3/90	2/60	5/150	2/60	3/90	2/60	4/15